EDS INDIANA HEALTH COVERAGE PROGRAMS

Systems Documentation - TPL I

Revision History

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0	January 2000	Multiple	Package C updates	Heather Wisnieski
Version 1.1	December 2000	All	Format and Screen Updates	Kay Welch (SME), Karen Girgis
Version 1.2	October 2001	Section 7	Changes for CSR #IN012837	Karen Girgis
Version 2.0	June 2004	All	HIPAA updates, repaginate to print double-sided, converted fonts and margins to style guide standards, changed name throughout to *Systems Documentation* from *TP Users Guide.* Updated CPT/CDT disclaimer.	HIPAA Publications/TPL Unit/Karen Hickman/Mark Eley/John King

Table of Contents

Section 1: Main Menu Window

Introduction

The Main Menu is the initial window viewed upon entry into Indiana*AIM*. This window accesses the following windows:
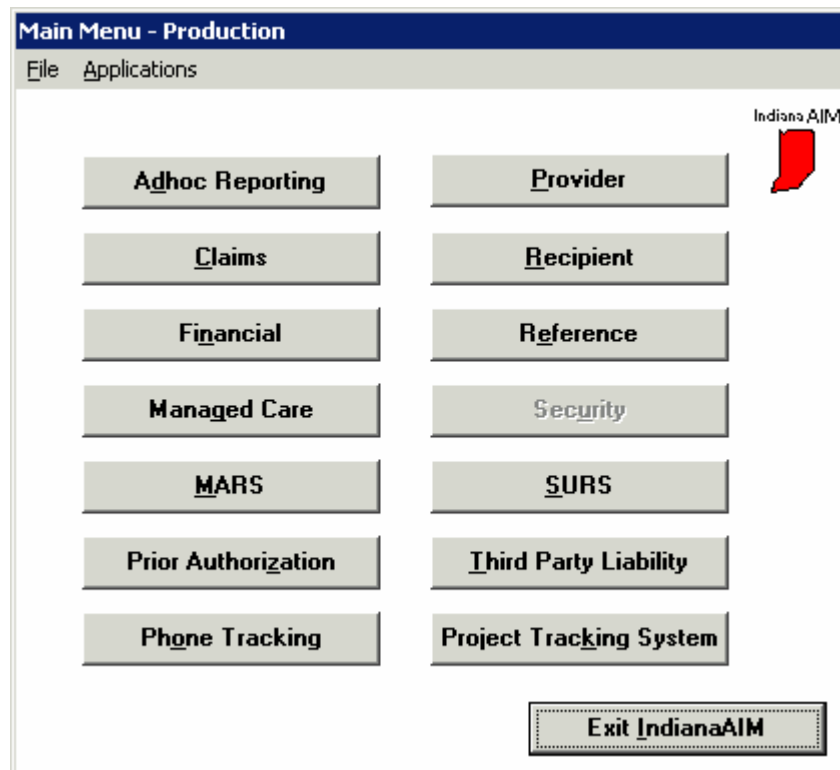
Figure 1.1 − Main Menu Window

Main Menu	
File	Applications
Exit Indiana*AIM*	Adhoc Reporting
	Claims
	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	Third Party Liability
	SURs
	Third Party Liability
	System Parms
	Research/Project Tracking System
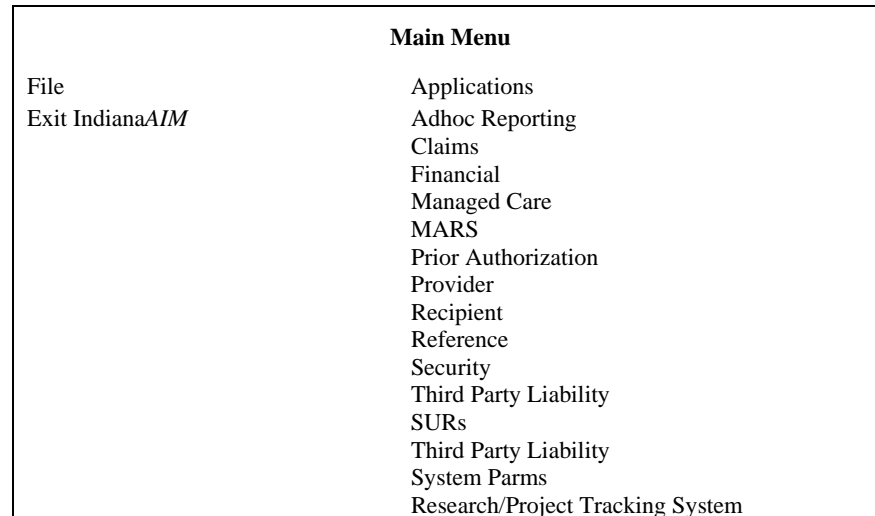
Figure 1.2 − Main Menu Window Menu Tree

Figure 1.2 is an illustration of a menu tree for the Main Menu. The menu titles on this illustration reflect the overall menu commands and window options on the Main Menu.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click on the command or window option title.

 2. A dropdown box appears when the desired option title is clicked. Select the command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections File and Applications function the same on all the windows.

Menu Selection: File

This command exits Indiana*AIM*.

*Exit Indiana*AIM − Exits Indiana*AIM*.

Menu Selection: Applications

These menu options access all the functional areas available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting information.

Claims − Click to access the Claims information

Financial − Click to access the Financial information

Managed Care − Click to access the Managed Care information

MARS − Click to access the MARS information.

Prior Authorization − Click to access the Prior Authorization information

Provider − Click to access the Provider information

Recipient − Click to access the Recipient information

Reference − Click to access the Reference information

Security − Click to access the Security information

SURS − Click to access the SURS information

Third Party Liability − Click to access the Third Parity Liability information

System Parms − Click to access the System Parms

Research/Project Tracking System − Click to access the Research Project Tracking System windows

Mouse Access

Click the button of interest or click the applications menu item then click the item of interest.

Keyboard Access

Select the item of interest with **Alt** along with the underlined letter in the buttons. An alternative to this is to use the menu bar. Type **Alt**+**A** to access the Applications on the menu bar. Type the underlined letter of the menu item.

Field Codes

None

System Information

PBL − MAIN01.PBL

Window − W_MAIN_MENU

Menu − M_MAIN_MENU

System Features

Click **Adhoc Reporting** to access the main menu for that functional area.

Click **Claims** to access the main menu for that functional area.

Click **Financial** to access the main menu for that functional area.

Click **Managed Care** to access the main menu for that functional area.

Click **MARS** to access the main menu for that functional area.

Click the **Prior Authorization** to access the main menu for that functional area.

Click **Provider** to access the main menu for that functional area.

Click **Recipient** to access the main menu for that functional area.

Click **Reference** to access the main menu for that functional area.

Click **Security** to access the main menu for that functional area.

Click **SURS** to access the main menu for that functional area.

Click **Third Party Liability** to access the main menu for that functional area.

Click System **Parms** to access the main menu for that functional area.

Click **Research/Project Tracking System** to access the main menu for that functional area.

Click **Exit Indiana*AIM*** to exit out of Indiana*AIM*.

Section 2: TPL Menu Window

Introduction

The TPL Menu is the initial window viewed upon entry into the TPL functional area windows. This window gains access to the following:

TPL Base	*Carrier*
Search/Resource	*Case Tracking*
Policyholder	*TPL Reports*
Table Maintenance	*Absent Custodial SSN's*
TPL Accts Rcvble	*Birth Expenditures*
Employer	*Subcontractor*
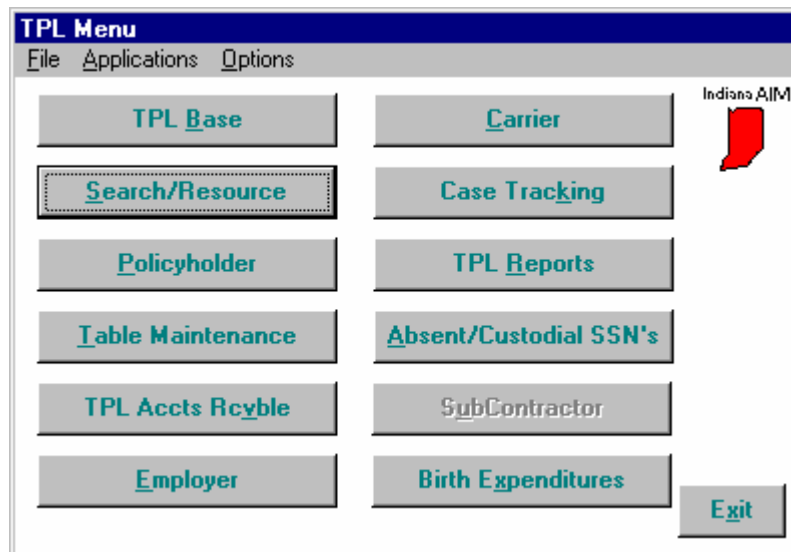
Figure 2.1 − TPL Menu Window

TPL Menu		
File	Applications	Options
Exit	Adhoc Reporting	TPL Base
Exit Indiana*AIM*	Case Management	Search/Resource
	Claims	Policyholder
	Fianacial	Table Maintenance
	MARS	TPL Accts Rcyble
	Provider	Employer
	Recipient	Carrier
	Reference	Case Tracking
	Security	Case Tracking
	Third Party Liability	TPL Reports
		Sub Contractor
		Birth Expenditures

Figure 2.2 − TPL Menu Window Menu Tree

Figure 2.2 is an illustration of a menu tree for the TPL Menu window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the TPL Menu window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections File, Edit, and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the TPL Menu window.

Exit − Returns to the Main Menu window.

*Exit Indiana*AIM − Exits Indiana*AIM*.

Menu Selection: Applications

These menu options access all the functional areas available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu.

Case Management − No longer available

Claims − Click to access the Claims Main Menu.

Financial − Click to access the Financial Main Menu.

MARS − Click to access the MARS Menu.

Provider − Click to access the Provider Main Menu.

Recipient − Click to access the Recipient Search Menu.

Reference − Click to access the Reference Main Menu.

Security − Click to access the Security window.

Third Party Liability − Click to access the TPL Menu.

Menu Selection: Options

TPL Base − Accesses the TPL Base window.

Search/Resource − Accesses the Search/Resource window.

Policyholder − Accesses the Policyholder Selection window.

TPL Accts Rcyble − Accesses the TPL Accounts Receivable window.

TPL Reports − Accesses the TPL Reports window.

Subcontractor − Accesses the Subcontractor window.

Birth Expenditures − Accesses the Birth Expenditure window.

Employer − Accesses the Employer Selection window.

Carrier − Accesses the Carrier Selection window.

Case Tracking − Accesses the Case Tracking windows.

Mouse Access

Click the button of interest or click the applications menu item then click the item of interest.

Keyboard Access

Select the item of interest with **Alt** along with the underlined letter in the buttons. An alternative to this is to use the menu bar. Type **Alt+A** to access the Applications on the menu bar. Type the underlined letter of the menu item.

Field Information

No fields, messages or edits

System Information

PBL − TPL01.PBL

Window − W_TPL_MAIN

Menu − M_TPL_MAIN

Data Windows − None

System Features

Click **TPL Base** to access the TPL Base for that functional area.

Click **Search/Resource** to access the Search/Resource functional area.

Click **Policyholder** to access the Policyholder functional area.

Click **Table Maintenance** to access the Table Maintenance functional area.

Click TPL Accts Rcvble to access the Accounts Receivable functional area.

Click **Employer** to access the Employer functional area.

Click **Carrier** to access the Carrier functional area.

Click **Case Tracking** to access the Case Tracking functional area.

Click **TPL Reports** to access the TPL Reports functional area.

Click **Birth Expenditures** to access the window.

Section 3: TPL Base Window

Introduction

IFSSA and EDS use the TPL Base window to inquire by recipient's ID number for recipient information. This window provides basic Indiana Health Coverage Programs information and relative Medicare information that is populated from the Eligibility Table. Click **TPL Base** or **Alt+B** on the TPL Menu to select the TPL Base window. To review TPL information, click **Search** or **Alt+S**

Figure 3.1 − TPL Base Window

TPL Base			
File	Edit	Applications	Options
Print	Copy	Adhoc Reporting	Inquire
Exit	Paste	Claims	Search
Audit	Cut	Financial	
Exit Indiana*AIM*		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 3.2 – TPL Base Window Menu Tree

Figure 3.2 is an illustration of a menu tree for the TPL Base window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the TPL Menu window

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections File, Edit, and Applications function the same on all the TPL windows.

Menu Selection: File

These commands exit the TPL Base window and save data under the TPL Base window.

Print − Prints the current window.

Exit − Returns to TPL Menu window.

Audit − Accesses the Audit trail.

*Exit Indiana*AIM − Exits Indiana*AIM*.

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization −Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Inquire − Inquires on the next Base window.

Search − Accesses the TPL Search/Resource window.

Field Information

Field Name: RID NO.

Description − Recipient's identification number (RID) assigned by ICES

Format − 12-character numeric

Features – System generated

Edits – None

To Correct – N/A

Field Name: MEDICARE ID

Description – Recipient's Medicare ID

Format – 12-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: NAME

Description –Recipient's last name, first name, middle initial

Format – Last name: 15-character alphanumeric

• First Name: 11-character alphanumeric

• Middle Initial One-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: SSN

Description – Recipient's Social Security number

Format – Nine-character numeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: CASE

Description – ICES case number

Format – 10-character numeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: BIRTH DATE

Description – Recipient's date of birth

Format – Eight-character numeric (ccyy/mm/dd)

Features – Protected

Edits – None

To Correct – N/A

Field Name: DEATH DATE

Description – Recipient's date of death

Format – Eight-character numeric (ccyy/mm/dd)

Features – Protected

Edits – None

To Correct – N/A

Field Name: MEDICARE A EFFECTIVE DATE

Description – Effective date of recipient's Medicare A policy

Format – 10-character numeric (ccyy/mm/dd)

Features – Protected

Edits – None

To Correct – N/A

Field Name: MEDICARE A EXPIRATION DATE

Description – Expiration date of Medicare A policy

Format – 10-character numeric (ccyy/mm/dd)

Features – Protected

Edits – None

To Correct – N/A

Field Name: MEDICARE B EFFECTIVE DATE

Description – Effective date of the Medicare B policy

Format – 10-character numeric (ccyy/mm/dd)

Features – Protected

Edits – None

To Correct – N/A

Field Name: *MEDICARE B EXPIRATION DATE*

Description – Expiration date of the recipient's Medicare B policy

Format − 10-character numeric (ccyy/mm/dd)

Features – Protected

Edits – None

To Correct – N/A

Field Name: NEXT RID NO.

Description – Next recipient's ID number for inquiry

Format – 12-character numeric

Edits – 7056-TPL Base not found!

To Correct Edit 7056 – No TPL Base found for that recipient. Verify the recipient's ID number entered.

Edits – 7057-RID No. Must be numeric!

To Correct Edit 7057 – Verify entry. RID NO. should be 12 characters

Edits – 91046-New key is required!

To Correct Edit 91046 – Verify entry. Must be a different recipient RID NO. for next inquiry

System Information

PBL – TPL01.PBL

Window − W_TPL_BASE

Menu − M_TPL_BASE

Data Window – DW_TPL_BASE

DW_TPL_BASE_MED_A

DW_TPL_BASE_MED_B

System Features

Click **Search** to initiate the search option.

Click **Exit** to exit TPL.

<div align="right">

Section 4: TPL Search/Resource Window

</div>

Introduction

IFSSA and EDS use the TPL Search/Resource window to access and inquire a recipient's TPL records. Click **Search/Resource** on the TPL Menu, or **Alt+S,** to select the Search/Resource window. Another way to access this window from the Base window is to click **Search** or **Alt+R. D**ifferent search combinations on the Search/Resource window are used to find recipient TPL records that match the criteria. Enter the search criteria and click **Search**. The data selected is displayed on the bottom half of the screen.

Figure 4.1 − TPL Search/Resource Window

TPL Search/Resource			
File	Edits	Applications	Options
New	Copy	Adhoc Reporting	Search
Select	Paste	Claims	Reset Limits
Print	Cut	Financial	Sort
Exit		Managed Care	Select Base
Exit Indiana*AIM*		MARS	HIPP Search
		Prior Authorization	Comments
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 4.1 − TPL Search/Resource Window Menu Tree

Figure 4.1 is an illustration of a menu tree for the Search/Resource window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Search/Resource window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

  1. Click the command or window option title.

  2. Click the desired option title and a dropdown box appears. Select the command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections File, Edit, and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Search/Resource window and save data under the Search/Resource window.

New − Opens the TPL Detail Resource window.

Select − Accesses the TPL Detail Resource window.

Print − Accesses the print function.

Exit − Closes the window.

*Exit Indiana*AIM − Exits Indiana*AIM*.

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy – Copies text from one area or application to another.

Paste – Pastes text copied from another area within the TPL functional area.

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization –Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Search – Accesses the TPL Search/Resource window.

Reset Limits – Clears the search fields to re-enter search criteria.

Sort – Determines how the displayed information is sorted.

Select Base – Accesses the TPL Base window.

HIPP Search – Acesses the Recipient HIPP Case window.

Comments – Accesses the Comments window.

Field Information

Field Name: RID NO.

Description – Recipient's identification number (RID) assigned by ICES

Format – 12-character numeric

Features – Search field

Edits – 7057-RID NO. must be numeric!

To Correct Edit 7057 – Verify entry and re-enter

Edits – 7111-No TPL data found!

To Correct Edit 7111 – Verify, if correct then no TPL data available for this search criteria.

Field Name: MEDICARE ID

Description – Recipient's Medicare ID number

Format – 12-character numeric

Features – Search field

Edits – 7111-No TPL data found!

To Correct – Verify, if correct then no TPL data available for this search criteria.

Field Name: POLICY NUMBER

Description – Policy number for this insurance policy

Format – 16-character alphanumeric

Features – Search field

Edits – 7111-No TPL data found!

To Correct – Verify, if correct then no TPL data available for this search criteria.

Field Name: PH SSN

Description – The Social Security number of the policyholder

Format – Nine-character numeric

Features – Search field

Edits – 7091-Policyholder SSN must be numeric!

To Correct Edit 7091 – Verify and re-enter

Edits – 7111-No TPL data found!

To Correct Edit 7111 – Verify, if correct then no TPL data available for that search criteria.

Field Name: CARRIER NUMBER

Description – A unique user-defined carrier ID used on all windows and reports to identify a carrier

Format – Seven-character numeric

Features – Search field

Edits – 7111-No TPL data found!

To Correct – Verify, if correct then no TPL data available for this search criteria.

Field Name: RECIP SSN

Description – The Social Security number for a recipient

Format – Nine-character numeric

Features – Search field

Edits – 7090-The Social Security number of the Indiana Health Coverage Programs recipient must be numeric!

To Correct Edit 7090 – Verify and re-enter

Edits – 7111-No TPL data found!

To Correct Edit 7111 – Verify, if correct then no TPL data available for this search criteria.

Field Name: RECIP DOB

Description – The date of birth for a recipient

Format – Eight character numeric (ccyy/mm/dd)

Features – Search field that must be entered with another field

Edits – 7095-Date of birth must be combined with another field

To Correct – Select additional search criteria field

Field Name: RECIP LAST NAME

Description – The last name of a recipient

Format – 15-character alpha

Features – Search field

Edits – 7092-Last name is required when first name is keyed!

To Correct Edit 7092 – Enter last name

Edits – 7111-No TPL data found!

To Correct Edit 7111 – Verify, if correct then no TPL data available for this search criteria.

Field Name: RECIP FIRST NAME

Description – The first name of a recipient

Format – 11-character alpha

Features – Search field required when last name is entered

Edits – 7093-First name is required when last name is keyed!

To Correct – Enter first name

Field Name: PH LAST NAME

Description – The last name of the policyholder

Format – 15-character alpha

Features – Search field that must be entered when first name is entered

Edits – 7092-Last name is required when first name is keyed!

To Correct Edit 7092 – Enter last name

Edits – 7111-No TPL data found!

To Correct Edit 7111 – Verify, if correct then no TPL data available for this search criteria.

Field Name: PH FIRST NAME

Description – The first name of the policyholder

Format – 11-character alpha

Features – Search field that is required when last name is entered.

Edits – 7093-First name is required when last name is keyed!

To Correct – Enter first name

Field Name: RID NO.

Description – Recipient's identification number (RID) that meets the search criteria

Format – 12-character numeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: POLICY NUMBER

Description – The policy numbers that meet the search criteria

Format – 16-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: RECIPIENT NAME

Description – The last name of the recipients who meet the search criteria

Format – 15-character alpha

Features – Protected

Edits – None

To Correct – N/A

Field Name: CARRIER NAME

Description – The carrier names that meet the search criteria

Format – 32-character alpha

Features – Protected

Edits – None

To Correct – N/A

Field Name: RECIPIENT SSN

Description – The Social Security number of the recipients who meet the search criteria

Format – Nine-character numeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: CARRIER NUMBER

Description – Carrier number for carriers who meet the search criteria

Format – Seven-character numeric

Features – Protected

Edits – None

To Correct – N/A

New Fields:

Field Name: EFF DTE

Description − Policy effective date

Format − Eight characters numeric (ccyy/mm/dd)

Features − Protected

Edits − No edits

Field Name: TERM DTE

Description − Policy termination date

Format − Eight characters numeric (ccyy/mm/dd)

Features − Protected

Edits − No edits

Field Name: POLICYHOLDER SSN

Description − The Social Security number of the policyholder

Format − Nine characters numeric

Features − Protected

Edits − No edits

Field Name: POLICYHOLDER NAME

Description − Policyholder's name

Format − 27 characters alpha

Features: Protected

Edits − No Edits

Other Messages

7094 - At least one search limit field must be keyed!

System Information

PBL – TPL01.PBL

Window – W_TPL_SEARCH

Menu – M_TPL_SEARCH

Data Windows – DW_TPL_SEARCH_LIMITS

DW_TPL_SEARCH_CARRIER_NO

DW_TPL_SEARCH_RID NO._NO

DW_TPL_SEARCH_MEDICARE_ID

DW_TPL_SEARCH_POLICY_NAME

DW_TPL_SEARCH_POLICY_NO

DW_TPL_SEARCH_POLICY_SSN

DW_TPL_SEARCH_RECIP_NAME

DW_TPL_SEARCH_RECIP_SSN

System Features

Double-click on a row and the TPL Detail Resource appears for that row.

Under Options on the Menu bar, the Sort option pulls up a sort window.

Click **New** to add a new carrier for a recipient.

Click **Exit** to exit the window.

Section 5: TPL Detail Resource Window

Introduction

IFSSA and EDS use the TPL Detail Resources window to access a recipient's records for a specific carrier. Access the search criteria on the TPL Search/Resource window. Next, click **Select** or **Alt**+**S** to select the appropriate row. This accesses the Detail Resource window, where inquiry only can be made. Only authorized users with up date privileges can add, update, or delete data. Click **Search/Resource** or **Alt**+**S** to access this window through the TPL menu.

Figure 5.1 TPL Detail Resource Window

TPL Detail Resource			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Coverage Type
Save	Paste	Claims	Questionnaire
Delete	Cut	Financial	Restrictions
Print		Managed Care	
Edit		MARS	
Audit		Prior Authorization	
Exit Indiana*AIM*		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 5.2 – TPL Detail Resource Window Menu Tree

Figure 5.2 is an illustration of a menu tree for the TPL Detail Resource window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the TPL Detail Resource window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections File, Edit, and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the TPL Detail Resource window and save data under the TPL Detail Resource window.

New – Opens the TPL Detail Resource window.

Save – Saves the information.

Delete – Deletes the highlighted information.

Print – Accesses the print function for the window.

Exit − Closes the window.

Audit − Accesses the audit function for the window.

*Exit Indiana*AIM − Exits Indiana*AIM*.

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization −Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Coverage Type − Accesses the Coverage Type window.

Questionnaire − Accesses the Questionnaire window.

Field Information

Field Name: RID NO.

Description – Recipient identification number (RID) assigned by ICES

Format – 12 character numeric

Features – Double-click to open Recipient Base window

Edits – 91024-RID NO. Not Found!

To Correct Edit 91024 – Verify entry − Re-enter a valid ID number

Edits − 7098-RID NO. is Required!

To Correct Edit 7098 – Enter RID NO.

Edits − 7112-RID NO. must be present and saved

To Correct Edit 7112 – On a new detail the RID NO must be present to save the new information

Edits − 91006-Field is Required!

To Correct Edit 91006 − Enter RID NO.

Edits − 4002-RID NO. must be numeric!

To Correct Edit 4002 – Verify entry-Re-enter

Edits − 4003-RID NO. must be 12 characters!

To Correct Edit 4003 – Verify entry - Re-enter

Field Name: RECIPIENT NAME (LAST)

Description – The last name of the Indiana Health Coverage Programs recipient

Format – 15 character alpha

Features – Protected − System generated

Edits – None

To Correct – N/A

Field Name: RECIPIENT NAME (FIRST)

Description – Recipient's first name

Format – 11 character alpha

Features – Protected − System generated

Edits – None

To Correct – N/A

Field Name: RECIPIENT NAME (MIDDLE INITIAL)

Description – Recipient middle initial

Format – One character alpha

Features – Protected − System generated

Edits – None

To Correct – N/A

Field Name: CARRIER NUMBER

Description – The number assigned to the specific carrier

Format – Seven character numeric

Features – Double-click to open TPL Carrier window

Edits – 7049-Carrier ID Not Found!

To Correct Edit 7049 – Verify entry and re-enter

Edits − 7051-Carrier ID must be 7 digits!

To Correct Edit 7051 – Verify entry and re-enter

Edits − 7086-Carrier Number must be present and saved!

To Correct Edit 7086 – To access the Carrier window the carrier number must be entered and saved

Field Name: CARRIER NAME

Description – Carrier name

Format – 32-character alphanumeric

Features – Protected − System generated

Edits – None

To Correct – N/A

Field Name: EMPLOYER ID

Description – The employer identification number

Format – Seven-character alphanumeric

Features – Double-click to open TPL Employer window

Edits – 7043-Employer ID not found!

To Correct Edit 7043 – Verify entry and re-enter

Edits − 7045-Employer ID must be 7 digits!

To Correct Edit 7045 – Verify entry and re-enter

Edits − 7087-Employer ID must be present and saved!

To Correct Edit 7087 – To access the Employer window the employer ID must be entered and saved

Field Name: EMPLOYER NAME

Description – The insured's employer name

Format – 32-character alphanumeric

Features – Protected − System generated

Edits – None

To Correct – N/A

Field Name: BILL TO

Description – Code used to identify the entity to which the questionnaire is sent.

Format – One character alpha

Features – Selection window

- Valid values are as follows:
  1. Carrier
  2. Employer

Edits – None

To Correct – N/A

Field Name: POLICYHOLDER NAME (LAST)

Description – Policyholder's last name

Format – 15 character alpha

Features – Protected

Edits – None

To Correct – N/A

Field Name: POLICYHOLDER NAME (FIRST)

Description – Policyholder's first name

Format – 11 character alpha

Features – Protected – System generated

Edits – None

To Correct – N/A

Field Name: POLICYHOLDER NAME (MIDDLE INITIAL)

Description – Policyholder's middle initial

Format – One character alpha

Features – Protected – System generated

Edits – None

To Correct – N/A

Field Name: RELATIONSHIP

Description – Policyholder's relationship to recipient

Format – One character alpha

- Valid values are as follows:
1. A - Father
2. B - Mother
3. C - Spouse
4. D - Ex-spouse
5. E - Stepparent
6. F - Grandparent
7. G – Self
8. S – Sibling
9. Z - Other

Features – Selection window – Double-click to open TPL Relationship Code window

Edits – None

To Correct – N/A

Field Name: POLICYHOLDER ID

Description – Policyholder ID

Format – Seven or 12 characters numeric for the policyholder's ID. Enter 12 characters if policyholder type is "R" for recipient or seven characters if the policyholder type is "P" for policyholder. .

Features − Double-click to open Recipient Base widow or the TPL Policyholder window

Edits – 7088-Policyholder number must be present and saved!

To Correct Edits 7088 –Enter and save the Policyholder Number before accessing Policyholder window

Edits − 7052-Policyholder ID not found!

To Correct Edit 7052 – Verify entry. Enter 12 characters if policyholder type is "R" for recipient or seven characters if the policyholder type is "P" for policyholder.

Edits − 7103-Policyholder ID must be seven characters long

To Correct Edit 7103 – Verify entry. Enter seven numeric characters if the policyholder type is "P" for policyholder.

Edits − 7102-Policyholder ID must be seven or 12 characters long

To Correct Edit 7102 – Verify entry. Enter 12 characters if policyholder type is "R" for recipient or seven characters if the policyholder type is "P" for policyholder.

Edit − 7104-Policyholder ID must be 12 characters long

To Correct Edit 7104 – Verify entry. Enter 12 characters when the policyholder type is "R" for recipient.

Edit − 91007-Data must be numeric!

To Correct Edit 91007 – Verify entry. Enter 12 numeric characters if policyholder type is "R" for recipient or seven numeric characters if the policyholder type is "P" for policyholder.

Field Name: POLICYHOLDER SSN

Description – The Social Security number of the policyholder

Format – Nine character numeric

Features – Protected − Displayed if the policyholder is the recipient. The SSN populates from the Recipient Base.

Edits – None

To Correct – N/A

Field Name: POLICYHOLDER

Description – Type of policyholder indicator

Format – One character alpha

- Valid values are:
1. R=Recipient
2. P=Policyholder

Features – Dropdown list box

Edits – 7101-Policyholder type is required with policyholder

To Correct – Enter policyholder type "**R**" or "**P**".

Field Name: POLICY NUMBER

Description – Policy number for this insurance policy

Format – 16-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: EFFECTIVE DATE

Description – Policy effective date

Format – Eight character numeric (ccyy/mm/dd)

Features – None

Edits – None

To Correct – N/A

Field Name: POLICY TYPE

Description − Recipient's type of insurance policy

- Valid policy types are as follows
1. Private pay health insurance
2. Private pay (HMO)
3. Private pay-HMO
4. HIPP-Health insurance
5. HIPP-HMO
6. HIPP-PPO
7. Other

Format − One numeric character
Features − Selection window box.   Double-click to open Policy Type Code window
Edits − None
To Correct − N/A

Field Name: GROUP POLICY NUMBER

Description – Group number

Format – 16-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: TERMINATION DATE

Description – Policy termination date

Format – Eight character numeric (ccyy/mm/dd)

Features – None

Edits – None

To Correct – N/A

Field Name: COURT ORDERED

Description – Identifies the absent parent's court-ordered responsibilities

Format – One character alpha. Valid values are:
1. B - Birth Expenses
2. C - Child Support
3. I - Medical Insurance
4. M - Medical Support
5. N - No Child or Medical Support
6. P - Partial Medical Support
7. Z - Any Combination

Features – Selection window – Double-click to open TPL Court-Ordered Code window

Edits – None

To Correct – N/A

Field Name: SUSPECT CODE

Description – For incomplete data, the values of **System** or **Manual** generate a questionnaire. The value **Valid** is when all data is complete.

Format – alpha

- Values are as follows:
1. VALID - active policy
2. SYSTEM - system set
3. MANUAL - user set

Features – Dropdown list box – Double-click to open TPL Suspect Code window.

Edits – 7105-Resource must have **System** or **Manual** suspect

To Correct – To generate questionnaire, value must be **System** or **Manual**

Field Name: COST AVOIDANCE

Description –Determines whether or not to edit for a cost avoidance

Format – One character alpha

- *Valid values* = Y or N

Features – None

Edits – 91026-Data must be "Y" or "N"

To Correct – Verify entry and re-enter

Field Name: LAST CHANGE ORIGIN

Description –Where the most recent lead originated

Format – One character alpha

- Valid values are as follows:
  1. A - ICES
  2. B - Caseworker
  3. C - FSSA
  4. D - Recipient
  5. E - Provider
  6. F - Attorney
  7. G - Insurance carrier
  8. H - Employer
  9. I - Policyholder
  10. J - Absent parent
  11. K - Data match
  12. L - Other/unknown

  Features – Selection window – Double-click to open TPL Origin Code window

  Edits – None

  To Correct – N/A

Field Name: SUSPECT DATE

Description – Suspect date

Format – Eight character numeric (ccyy/mm/dd)

Features – System generated

Edits – None

To Correct – N/A

Field Name: LEAD ORIGIN

Description –Where the lead originated

Format – One character alpha

- Valid values are as follows:
    1. A - ICES
    2. B - Caseworker
    3. C - FSSA
    4. D - Recipient
    5. E - Provider
    6. F - Attorney
    7. G - Insurance carrier
    8. H - Employer
    9. I - Policyholder
    10. J - Absent parent
    11. K - Data match
    12. L - Other/unknown

Features – Selection window – Double-click to open TPL Origin Code window

Edits – 7099-Lead Origin is required!

To Correct – Enter lead origin

Field Name: LEAD DATE

Description – Date when lead became available

Format – Eight character numeric (ccyy/mm/dd)

Features – System generated with user override capability

Edits – 7100-Lead Date is required

To Correct – Enter lead date

System Information

PBL – TPL04PBL

Window – W_TPL_RESOURCE

Menu – M_TPL_RESOURCE

Data Windows – DW_TPL_RECIPIENT_HEADER

DW_TPL_RESOURCE

System Features

Double-click the following fields and a selection window is opened:

- **Relationship**

- **Policy Type**

- **Court Ordered**
- **Lead Origin**
- **Last Change Origin**

  Double-click the following fields to open the following window:

- **RID No.**
- **Carrier Number**
- **Employer ID**
- Policyholder ID

  On save of suspect resource warning message appears.

  On save of suspect resource "Key Questionnaire" message appears.

  Click **New** to enter a new resource.

  Click **Delete** to delete the resource.

  Click **Exit** to exit out of window.

Section 6: TPL Resource Coverage List Window

Introduction

IFSAA and EDS use the TPL Resource Coverage List window to access a list of the coverage benefits of the recipient's insurance policy. Click **Options** on the menu bar or **Alt**+**O** to select this window through the TPL Resource window. Next, click **Coverage Type,** or **Alt**+**C** to access the TPL Resource Coverage List.

Figure 6.1 TPL Resource Coverage List Window

TPL Resource Coverage List		
File	Edit	Applications
New		Adhoc Reporting
Select		Claims
Print		Financial
Exit		Managed Care
Exit Indiana*AIM*		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 6.2 − TPL Resource Coverage List Window Menu Tree

Figure 6.2 is an illustration of a menu tree for the TPL Resource Coverage List window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the TPL Resource Coverage List window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, it is because they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections File, Edit, and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the TPL Resource Coverage List window and select data under the TPL Resource Coverage List window.

New − Opens the TPL Detail Resource window.

Select − Saves the highlighted coverage code.

Print − Accesses the print window.

Exit − Closes the window.

*Exit Indiana*AIM − Exits Indiana*AIM*.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization −Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

N/A

Field Information

Field Name: RID No.

Description – Recipient's identification number (RID) assigned by ICES

Format – 12-character numeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: RECIPIENT NAME (LAST)

Description – Recipient's last name

Format – 15-character alpha

Features – Protected

Edits – None

To Correct – N/A

Field Name: RECIPIENT NAME (FIRST)

Description – Recipient's first name

Format – 11-character alpha

Features – Protected

Edits – None

To Correct – N/A

Field Name: RECIPIENT NAME (MIDDLE INITIAL)

Description – Recipient's middle initial

Format – One character alpha

Features – Protected

Edits – None

To Correct – N/A

Field Name: COVERAGE CODE

Description –Coverage codes that describe the type of coverage's covered by the recipient's insurance policy

Format – One-character alpha

Features – Protected

- Valid Values are as follows:
1. A-Hospitalization
2. B-Medical
3. C-Major medical
4. D-Dental
5. E-Pharmacy
6. F-Cancer
7. G-Skilled care in nursing facility
8. H-Home health
9. I-Optical/vision
10. K-Mental health
11. L-Indemnity
12. O-Med supp A
13. P-Med supp B
14. Q-Hospital, medical, and major medical

15. Z-Intermediate care in nursing facility

Edits – None

To Correct – N/A

Field Name: CODE DESCRIPTION (LIST)

Description –The coverage benefits for each coverage code

Format – Alpha characters

Features – Protected

Valid Values are as follows:
1. A-Hospitalization
2. B-Medical
3. C-Major medical
4. D-Dental
5. E-Pharmacy
6. F-Cancer
7. G-Skilled care in nursing facility
8. H-Home health
9. I-Optical/vision
10. K-Mental health
11. L-Indemnity
12. O-Med supp A
13. P-Med supp B
14. Q-Hospital, medical, and major medical
15. Z-Intermediate care in nursing facility

Edits – None

To Correct – N/A

System Information

PBL – TPL04.PBL

Window – W_TPL_COVERAGE_LIST

Menu – M_BASE_LIST_RETRIEVE

Data Window –DW_TPL_RECIPIENT_HEADER

DW_TPL_RES_COV_LIST

System Features

Double-click row and select button is clicked for that row.

Click **New** to enter another coverage code.

Click **Exit** to exit window.

Section 7: TPL Resource Coverage Type/Premium Add Window

Introduction

IFSSA and EDS use the TPL Resource Coverage Type/Premium Add window to add or delete a coverage type from a member's insurance policy. This record shows a list of coverage benefits. Click **New** or **Alt**+**N** to access this window through the TPL Resource Coverage list window.

Figure 7.1 − TPL Resource Coverage Type/Premium Add Window

TPL Resource Coverage Type/Premium Add			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Claims	
Delete	Cut	Financial	
Print		Managed Care	
Exit		MARS	
Audit		Prior Authorization	
Exit Indiana*AIM*		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 7.2 – TPL Resource Coverage Type/Premium Add Window Menu Tree

Figure 7.2 is an illustration of a menu tree for the TPL Resource Coverage Type/Premium Add window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the TPL Resource Coverage Type/Premium Add window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a drop-down box appears. Select the command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands add, save or delete data on the TPL Resource Coverage Type/Premium Add window, and exit the TPL Resource Coverage Type/Premium Add window.

New – Opens the TPL Detail Resource window.

Save – Saves the criteria entered.

Delete – Deletes the highlighted area.

Print – Accesses the print window

Exit – Closes the window.

Audit – Accesses the audit function for the window.

*Exit Indiana*AIM − Exits Indiana*AIM*.

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Inquire − Inquires the next coverage code.

Field Information

Field Name: RID NO.

Description – Member's identification number assigned by ICES

Format – 12 character numeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: RECIPIENT NAME (LAST)

Description – Member's last name

Format – 15 character alpha

Features – Protected

Edits – None

To Correct – N/A

Field Name: RECIPIENT NAME (FIRST)

Description – Member's first name

Format – 11 character alpha

Features – Protected

Edits – None

To Correct – N/A

Field Name: RECIPIENT NAME (MIDDLE INITIAL)

Description – Member's middle initial

Format – One character alpha

Features – Protected

Edits – None

To Correct – N/A

Field Name: COVERAGE CODE

Description – Coverage code of member's insurance policy

Format – One character alpha

- Valid values are as follows:
  1. A - Hospitalization
  2. B - Medical
  3. C - Major medical

4. D - Dental
5. E - Pharmacy
6. F - Cancer
7. G - Skilled care in nursing facility
8. H - Home health
9. I - Optical/vision
10. K - Mental health
11. L - Indemnity
12. - Med supp A
13. P - Med supp B
14. Q - Hospital, medical, and major medical
15. Z - Intermediate care in nursing facility

Features – Drop-down list box

Edits – 7008-Coverage code not found!

To Correct Edit 7008 – Verify and re-enter. Coverage code must be one alpha character

Edits – 7009-Coverage code is required!

To Correct Edit 7009 – Enter coverage code

Edits – 7071-Resource already has this coverage code!

To Correct Edit 7071 – Verify entry. Cannot have duplicate coverage codes

Edits – 7178 – Invalid TPL Coverage Code

To Correct Edit 7178 – Verify entry and re-enter coverage code. The coverage code must be in a valid format, see previous text (*Field Name: COVERAGE CODE – Format*)

Field Name: DESCRIPTION

Description –Coverage benefits of the member's insurance policy

Format – Alpha

Features – System generated

Edits – None

To Correct – N/A

Field Name: NEXT COVERAGE CODE

Description – Next coverage code of the member's insurance policy

Format – One character

• Valid values are as follows:
1. A - Hospitalization
2. B - Medical
3. C - Major medical
4. D - Dental

    5. E - Pharmacy
    6. F - Cancer
    7. G - Skilled care in nursing facility
    8. H - Home health
    9. I - Optical/vision
  10. K - Mental health
  11. L - Indemnity
  12. - Med supp A
  13. P - Med supp B
  14. Q - Hospital, medical, and major medical
  15. Z - Intermediate care in nursing facility

Features – Double-click to open selection window. Scroll the selection window for list of coverage codes

Edits – 7008-Coverage code not found!

To Correct Edit 7008 – Verify and re-enter coverage code

Edits – 7071-Resource already has this coverage code!

To Correct Edit 7071 – Verify and re-enter coverage code

Features – Dropdown list box

Edits – None

To Correct – N/A

System Information

PBL – TPL04.PBL

Window – W_TPL_RES_COV_EDIT

Menu – M_TPL_BASE_MAINT

Data Windows – DW_TPL_RECIPTIENT_HEADER

DW_TPL_RES_COV_EDIT

System Features

Double-click **Coverage Code** and a selection window opens. Scroll the selection window for list of coverage codes.

Click **New** to enter a new coverage code.

Click **Save** to save the coverage code and to access the TPL Questionnaire window.

Click **Delete** to delete a coverage type from a policy.

Click **Exit** to exit out of window.

Section 8: TPL Questionnaire Window

Introduction

IFSSA and EDS use the TPL Questionnaire window to generate a letter to the appropriate entity for information concerning the recipient's insurance coverage. Set the Suspect Indicator on the Detail Resource window to generate a questionnaire. Send a questionnaire manually or batch. Click **Options** on the menu bar, then **Questionnaire,** or **At+O** then **Q,** to access this window through the TPL Detail Resource window.

Figure 8.1 – TPL Questionnaire Window

TPL Questionnaire			
File	Edit	Applications	Options
Save	Copy	Adhoc Reporting	Print Questionnaire
Delete	Paste	Claims	
Exit	Cut	Financial	
Audit		Managed Care	
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 8.2 – TPL Questionnaire Window Menu Tree

Figure 8.2 is an illustration of a menu tree for the TPL Questionnaire window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the TPL Questionnaire window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the TPL Questionnaire window and save or delete data under the TPL Questionnaire window.

Save – Saves the criteria entered.

Delete – Deletes the highlighted area.

Exit – Closes the window.

Audit – Accesses the Audit Trail.

*Exit Indiana*AIM − Exits Indiana*AIM*.

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization −Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Print Questionnaire − Prints a questionnaire.

Field Information

Field Name: *RID NO.*

Description – Recipient's identification number (RID) assigned by ICES

Format – 12 character numeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: *RECIPIENT NAME (LAST)*

Description – The last name of the Indiana Health Coverage Program's recipient

Format – 15 character alpha

Features – Protected

Edits – None

To Correct – N/A

Field Name: *RECIPIENT NAME (FIRST AND MIDDLE INITIAL)*

Description – The first name and middle initial of the Indiana Health Coverage Program's recipient

Format – 11 character alpha

Features – Protected

Edits – None

To Correct – N/A

Field Name: *SUSPECT INDICATOR*

Description – System or manual indicator populated from the Resource/Detail window

Format – Seven-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: *INITIAL SUSPECT DATE*

Description – Date the initial suspect is set

Format – Eight-character numeric (ccyy/mm/dd)

Features – Protected

Edits – None

To Correct – N/A

Field Name: *DATE QUESTIONNAIRE SENT*

Description – Date the questionnaire is sent

Format – Eight-character numeric (ccyy/mm/dd)

Features – Protected

Edits – None

To Correct – N/A

Field Name: *DATE FOLLOWUP QUESTIONNAIRE SENT*

Description – Date the follow-up questionnaire is sent

Format – Eight-character numeric (ccyy/mm/dd)

Features – Protected

Edits – None

To Correct – N/A

Field Name: *QUESTIONNAIRE SENT TO*

Description – Entity where questionnaire is sent

Format – Scroll

- Valid values are as follows:
    1. A - Absent parent
    2. C - Carrier corr
    3. E - Employer
    4. H - Policyholder
    5. L - Carrier claim
    6. N - County
    7. - Other
    8. P - Provider
    9. R - Recipient

Features – Dropdown list box – System generated list

Edits – 7110-Correspondence Address not on file!

To Correct Edit 7110 – Verify address. Manually enter correct address

Edits – 91045-County code not on file!

To Correct Edit 91045 –Verify county code and re-enter

Field Name: *NAME*

Description – Name of the entity to whom the questionnaire is sent

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: *ADDRESS 1*

Description – First line of the address where the questionnaire is sent

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: *ADDRESS 2*

Description – Second line of the address where the questionnaire is sent

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: *CITY*

Description – City where the questionnaire is sent

Format – 15-character alpha

Features – None

Edits – None

To Correct – N/A

Field Name: *STATE*

Description – State where the questionnaire is sent

Format – Two-character alpha

Features – None

Edits – 91010-Data must be alphabetic!

To Correct Edit 91010 – Verify entry. State should be alphabetic

Edits – 91036-Invalid State code!

To Correct Edit 91036 – Verify entry. Must be current state abbreviation of two alpha characters

- Refer to Indiana*AIM* Tables manual for a valid list of state abbreviations.

Field Name: *ZIP CODE*

Description – Zip code

Format – Five character numeric

Features – None

Edits – 7046-Zip code must be five digits!

To Correct Edit 7046 – Verify entry. Zip code must be five numeric characters

Edit – 91007-Data must be numeric

To Correct Edit 91007 – Verify entry. Zip code must be five numeric characters.

System Information

PBL – TPL04.PBL

Window – W_TPL_SUSPECT

Menu – M_TPL_SUSPECT

Data Windows – DW_TPL_RECIPIENT HEADER

DW_TPL_SUSPECT

System Features

Double-click t **Questionnaire Sent To** and a selection window is opened. Scroll the selection for list.

Click **Print Questionnaire** to print a questionnaire.

Click **Save** to save the information entered.

Click **Delete** to delete the information entered.

Click Exit to exit out of the window.

Section 9: TPL Policyholder Selection Window

Introduction

IFSSA and EDS use the TPL Policyholder Selection window to view or select a policyholder's name and Social Security number on the recipient's insurance policy. Enter the desired policyholder ID, policyholder's last name and/or first name, or SSN to select the policyholder record. Click **Search** or **Alt+R** to review the entire list of policyholders. Once the desired policyholder is found, click **Select** at the bottom of the window or **Alt+S.** Sort the information under Options on the menu bar. Click **Policyholder** or **Alt+P** to access this window through the TPL Menu.

Figure 9.1 − TPL Policyholder Selection Window

TPL Policyholder Selection			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Search
Select	Paste	Claims	Reset Limits
Print	Cut	Financial	Sort
Exit		Managed Care	
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 9.2 – TPL Policyholder Selection Window Menu Tree

Figure 9.2 is an illustration of a menu tree for the TPL Policyholder Selection window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the TPL Policyholder Selection window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the TPL Policyholder Selection window and select data under the TPL Policyholder Selection window.

New – Allows entry of selection criteria for the policyholder

Select – Selects the highlighted criteria.

Print – Accesses the print window.

Exit – Closes the window.

*Exit Indiana*AIM – Exits Indiana*AIM*.

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy – Copies text from one area or application to another.

Paste – Pastes text copied from another area within the TPL functional area.

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization –Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Search – Accesses the policyholder information.

Reset Limits – Clears the search fields to re-enter search criteria.

Sort – Determines how the displayed information is sorted.

Field Information

Field Name: *POLICYHOLDER ID*

Description – Internal identification number for the policyholder

Format – Seven-character alphanumeric

Features – None

Edits – 91007-Data must be Numeric!

To Correct – Verify entry – Policyholder ID must be numeric

Field Name: *LAST NAME*

Description – Policyholder's last name

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: *FIRST NAME*

Description – Policyholder's first name

Format – 11-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: *SSN*

Description – Policyholder's Social Security number

Format – Seven character numeric

Features – None

Edits – 91007-Data must be Numeric!

To Correct – Verify entry − Social Security must be numeric

Field Name: *POLICYHOLDER ID*

Description – List of the IDs of policyholders that match the selection criteria

Format – Seven-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: *LAST NAME*

Description – List of the last names of policyholders that match the selection criteria

Format – 32-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: *FIRST NAME*

Description – List of the first names of policyholders that match the selection criteria

Format – 11-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: *SSN*

Description – List of the Social Security numbers of policyholders that match the selection criteria

Format – Seven character numeric

Features – Protected

Edits – None

To Correct – N/A

System Information

PBL –TPL02.PBL

Window – W_TPL_POLICYHOLDER_SELECT

Menu – M_BASE_LIST_SEARCH

Data Windows – DW_TPL_POL_HOLD_SELECT_SEARCH

DW_TPL_POL_HOLD_SELECT

System Features

Click **New** to add a new policyholder.

Double-click row highlighted or click **Select** to access the policyholder information on the TPL Policyholder window.

Click **Exit** to exit the window.

Section 10: TPL Policyholder Window

Introduction

IFSSA and EDS use the TPL Policyholder window to access the policyholder's name, address and Social Security number on the recipient's insurance policy. This window is for inquiry only. Only authorized users with update privileges can add, update, or delete data. Click **Policyholder** or **Alt+P** to access this window through the TPL Menu.

Figure 10.1 – TPL Policyholder Window

TPL Policyholder			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Claims	
Delete	Cut	Financial	
Print		Managed Care	
Exit		MARS	
Audit		Prior Authorization	
Exit Indiana*AIM*		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 10.2 – TPL Policyholder Window Menu Tree

Figure 10.2 is an illustration of a menu tree for the TPL Policyholder window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the TPL Policyholder window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the command. Double-click or select the underscored letter of each command and press the desired key.

Menu Selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the TPL Policyholder window and save data under the TPL Policyholder window.

New − Allows entry of selection criteria for the employer

Save − Saves the criteria entered.

Delete − Deletes the highlighted area.

Print − Prints the current window.

Exit − Closes the window.

Audit − Provides an audit trail of adds, deletes and updates.

*Exit Indiana*AIM − Exits Indiana*AIM*.

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Case Management − Click to access the Case management Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization −Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Inquire − Inquires on the next policyholder.

Field Information

Field Name: *POLICYHOLDER ID*

Description – Identification number for the policyholder

Format – Seven-character numeric

Features – None

Edits – None

To Correct – N/A

Field Name: *LAST NAME*

Description – Last name of the policyholder

Format – 15-character alphanumeric

Features – None

Edits – 91006-Field is required!

To Correct – Last name of the policyholder must be entered

Field Name: *FIRST NAME*

Description – First name of the policyholder

Format – 11-character alphanumeric

Features – None

Edits – 91006- Field is required!

To Correct – First name of policyholder must be entered

Field Name: *MIDDLE INITIAL*

Description – Middle initial of the policyholder's name

Format – One-character alpha

Features – None

Edits – None

To Correct – N/A

Field Name: *ADDRESS 1*

Description – Policyholder's address

Format – 32-character alphanumeric

Features – None

Edits – 91006-Field is required!

To Correct – Policyholder's address must be entered

Field Name: *ADDRESS 2*

Description – Policyholder's address

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: *CITY*

Description – Policyholder's city

Format – 15-character alpha

Features – None

Edits – 91006-Field is required!

To Correct – City must be entered

Field Name: *STATE*

Description – Policyholder's state

Format – Two-character alpha

Features – None

Edits – 91006-Field is required!

To Correct Edit 91006 – State must be entered

Edits – 91010-Data must be alphabetic!

To Correct Edit 91010 – State code is two-character alpha

Edits – 91036-Invalid State code!

To Correct Edit 91036 – Refer to Tables Manual for valid state code

Field Name: *ZIP CODE*

Description – Policyholder's zip code

Format – Five-character numeric

Features – None

Edits – 7046-Zip Code must be five digits!

To Correct Edit 7046 – Verify entry. Zip code should be five numeric characters

Edits – 91006-Field is required!

To Correct Edit 91006 – Zip code must be entered

Edits – 91007-Data must be numeric!

To Correct Edit 91007 – Verify entry. Zip code should be numeric

Field Name: *SSN*

Description – Social Security number of the policyholder

Format – Nine character numeric

Features – None

Edits – 7047-Social Security number must be nine digits!

To Correct Edit 7047 – Verify entry − Social Security number should be nine numeric characters

Edits – 91007-Data must be numeric

To Correct Edit 91007 – Verify entry − Social Security number should be numeric

Field Name: *NEW KEY FIELD*

Description – Policyholder's ID for next inquiry

Format – Seven-character numeric

Features – None

Edits – 7052-Policyholder ID not found!

To Correct Edit 7052 – Verify entry − Must be seven-character numeric

Edits – 91007-Data must be numeric

To Correct Edit 91007 – Verify entry − Policyholder should be numeric

Other Messages

Edit – 7002 – **Do you really want to delete this record?** occurs when **Delete** is clicked or **Alt+D** is entered

Save Successful – occurs when **Save** or **Alt+S** is clicked

Save Unsuccessful – occurs when **Save** or **Alt +S** is clicked

System Information

PBL – TPL02.PBL

Window – W_TPL_POLICYHOLDER

Menu – M_BASE_MAINT

Data Windows – DW_TPL_POLICYHOLDER

System Features

When a policyholder ID is entered in the New Key Field, click **Inquire** to access the next policyholder.

Click **New** to enter new policyholder data.

Click **Save** to save the data entered.

Click **Delete** to delete the data.

Click **Exit** to exit the window.

Section 11: Employer Selection Window

Introduction
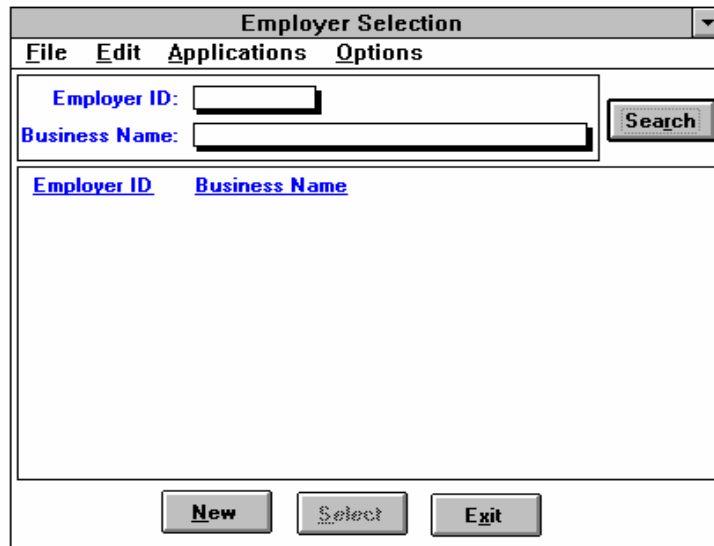
Figure 11.1 – Employer Selection Window

IFSSA and EDS use the Employer Selection window to view or select an employer's identification and business name. Enter the desired employer identification or business name to select the employer record. Click **Search** or **Alt**+**R** to review the entire list of employers. Click **New** or **Alt**+**N** to add a new employer. Click **Options** then **Sort**, or **Alt**+**O** then **Alt**+**S** to sort the list. Click **Employer** or **Alt**+**E** to access this window through the TPL Menu.

Employer Selection			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Search
Select	Paste	Claims	Reset Limits
Print	Cut	Financial	Sort
Exit		Managed Care	
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 11.2 − Employer Selection Window Menu Tree

Figure 11.2 is an illustration of a menu tree for the Employer Selection window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Employer Selection window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Employer Selection window and select data under the Employer Selection window.

New − Allows the entry of selection criteria for the employer

Select − Selects the highlighted criteria.

Print − Prints the current window.

Exit − Closes the window.

*Exit Indiana*AIM − Exits Indiana*AIM*.

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization −Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Search − Accesses the employer information.

Reset Limits − Clears the search fields to re-enter search criteria.

Sort − Determines how the displayed information is sorted.

Field Information

Field Name: *EMPLOYER ID*

Description – Employer ID of the policyholder

Format – Seven-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: *BUSINESS NAME*

Description – Employer's business name

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: *EMPLOYER ID (LIST)*

Description – Employer ID of the policyholder

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: *BUSINESS NAME (LIST)*

Description –Employer's business name

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

System Information

PBL – TPL02.PBL

Window – W_TPL_EMP_SELECT

Menu – M_BASE_LIST_SEARCH

Data Windows – DW_TPL_EMP_SELECT_SEARCH

DW_TPL_EMP_SELECT

System Features

Click **New** to enter a new employer on the TPL Employer window.

Click Save the new employer on the TPL Employer window.

Delete to delete the resource.

Click **Exit** to exit the window.

Section 12: TPL Employer Window

Introduction

IFSSA and EDS use the TPL Employer screen to access employer information and view specific data about the employer. Only authorized users can add, update, or delete employer information. Double-click the highlighted row, or click **New** or **Alt+N** to access this window through the Employer Selection window.

Figure 12.1 − TPL Employer Window

TPL Employer			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Claims	Employer to Carrier Xref
Delete	Cut	Financial	
Print		Managed Care	
Exit		MARS	
Audit		Prior Authorization	
Exit Indiana*AIM*		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 12.2 – TPL Employer Window Menu Tree

Figure 12.2 is an illustration of a menu tree for the TPL Employer window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the TPL Employer window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the TPL Employer window and select data under the TPL Employer window.

New – Allows entry of new information for the employer

Save – *S*aves the criteria entered.

Delete – Deletes the highlighted area.

Print – Prints the window.

Exit − Closes the window.

Audit − Provides an audit trail of adds, deletes, and updates

*Exit Indiana*AIM − Exits Indiana*AIM*.

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization −Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Inquire − Inquires the next employer.

Employer to Carrier Xref − Accesses the Carriers for an Employer window.

Field Information

Field Name: EMPLOYER ID

Description – Employer ID of the policyholder

Format – Seven-character alphanumeric

Features – None

Edits– 7045-Employer Id must be 7 digits!

To Correct Edit 7045 – Verify entry and re-enter

Edits – 7058-Employer Id already exists!

To Correct Edit 7058– Verify entry and re-enter

Edits– 91006-Field is required!

To Correct Edit 91006 – Enter employer ID

Field Name: BUSINESS NAME

Description – Employer's business name

Format – 32-character alphanumeric

Features – None

Edits – 91006-Field is required!

To Correct – Enter business name

Field Name: ADDRESS 1

Description – Business address street one

Format – 32-character alphanumeric

Features – None

Edits– 91006-Field is required!

To Correct – Enter business address

Field Name: ADDRESS 2

Description – Business address street two

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: CITY

Description – City name

Format – 15 character alpha

Features – None

Edits – 91006-Field is required!

To Correct – Must enter city

Field Name: STATE

Description – State abbreviation

Format – Two-character alpha

Features – None

Edits – 91010-Data must be alphabetic

To Correct – Verify and re-enter correct state abbreviation

Edits – 91036-Invalid State code!

To Correct Edit 91036 – Verify and re-enter correct state abbreviation

Edits – 91006-Field is required!

To Correct Edit 91006– State abbreviation must be entered

Field Name: ZIP CODE

Description – Zip code

Format – Five character numeric

Features– None

Edits– 7046-Zip Code must be five digits!

To Correct Edit 7046 – Verify and re-enter zip code

Edits – 91007-Data must be numeric!

To Correct Edit 91007 – Verify and re-enter zip code

Edits– 91006-Field is required

To Correct Edit 91006 – Zip code must be entered

Field Name: CONTACT NAME

Description – Employer contact person name

Format – 32-character alpha

Features – None

Edits – None

To Correct – N/A

Field Name: PHONE NUMBER

Description – Employer contact phone number including the area code

Format – 10-character numeric

Features – None

Edits– 91061-Phone number must be 10 digits!

To Correct – Verify and re-enter phone number and the area code

Edits – 91007-Data must be numeric!

To Correct – Verify and re-enter phone number

Field Name: EXT

Description – Employer contact phone number extension

Format – Four character numeric

Features – None

Edits – 91007-Data must be numeric!

To Correct – Verify and re-enter phone number extension

Field Name: NEXT EMPLOYER

Description – ID of next employer inquiry

Format – Seven-character alphanumeric

Features – None

Edits – 7045-Employer Id must be seven digits!

To Correct Edit 7045– Verify entry and re-enter

Edits – 7043-Employer Id not found!

To Correct Edit 7043– Verify entry and re-enter employer ID

Other Messages

Edit 7002 **Do you really want to delete this record?** occurs when **Delete** or **Alt+D** is clicked.

Edit 7053 Invalid Delete - Employer has Carrier Data!

Edit 7055 - Invalid Delete - Employer has TPL Resource Data

Save Successful occurs when **Save** or **Alt+S** is clicked.

Save Unsuccessful occurs when **Save** or **Alt+S** is clicked.

System Information

PBL – TPL02.PBL

Window – W_TPL_EMPLOYER

Menu – M_TPL_EMPLOYER

Data Windows – DW_TPL_EMPLOYER

System Features

Click **New** to enter a new employer.

Click **Save** to save the employer entered.

Click **Delete** to delete the employer data.

Click **Exit** to exit the Employer window.

Section 13: Carriers For An Employer Window

Introduction

IFSSA and EDS use the Carriers for An Employer window to access the Carriers associated with an employer. Click **Options** then **Employer to Carrier Xref,** or **Alt**+**O** then **E,** to access this window through the TPL Employer window. Click **Delete** or **Alt+D** to delete a carrier. Click **Employer** or **Alt+E** to access the Employer screen.

Figure 13.1 Carriers For an Employer Window

Carriers For An Employer			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	View Employer
Delete	Paste	Claims	Search Screen
Select	Cut	Financial	
Exit		Managed Care	
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 13.2 Carriers For An Employer Window Menu Tree

Figure 13.2 is an illustration of a menu tree for the Carriers For An Employer window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Carriers For An Employer window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Carriers For An Employer window and save or delete data under the Carriers For An Employer window.

New − Accesses the Add Carrier for an Employer window.

Delete − Deletes the highlighted area.

Exit − Closes the window.

Exit Indiana*AIM* − Exits Indiana*AIM.k*

M*enu Selection: Edit*

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

View Employer − Accesses the Employer window.

Search Screen − Accesses the Search/Resource window.

Field Information

Field Name*: EMPLOYER ID*

Description – Identification number of the employer

Format − Seven-character alphanumeric

Features − Protected

Edits − None

To Correct − N/A

Field Name: BUSINESS NAME

Description – Business name of the employer

Format – 32-character alphanumeric

Features − Protected

Edits − None

To Correct − N/A

Field Name: CARRIER NUMBER (LIST)

Description – A list of all carriers' IDs who are associated with that employer

Format – Seven-character alphanumeric

Features − System generated

Edits − None

To Correct − N/A

Field Name: CARRIER NAME (LIST)

Description – A list of all carriers who are associated with that employer

Format – 32-character alphanumeric

Features − System generated

Edits − None

To Correct − N/A

Field Name: NEXT CARRIER NUMBER

Description – Next insurance carrier ID for inquiry

Format – Seven-character alphanumeric

Features − None

Edits − 7049 − Carrier ID not found!

To Correct Edit 7049 − Verify Carrier ID and re-enter

Edits − 7070 – Employer/Carrier Cross Reference already exists!

To Correct Edit 7070 – Verify entry – Cannot duplicate Employers or Carriers

Field Name: NEXT EMPLOYER

Description – Next name of the employer for inquiry

Format – 32-character alphanumeric

Features − Protected

Edits − 7043-Employer ID not found

To Correct Edit 7043 – Verify Employer ID and re-enter

Edits − 7070 – Employer/Carrier Cross Reference already exists!

To Correct Edit 7070 – Verify entry – Cannot duplicate Employers or Carriers

System Information

PBL − TPL05.PBL

Window – W_TPL_ECX_CARR_ADD

Menu – M_TPL_ECX_EMP_ADD

Data Windows – DW_TPL_EMPLOYER_HEADER

DW_TPL_ECX_CARR_ADD_SEARCH

DW_TPL_ECX_CARR_LIST

System Features

Next Carrier Inquire the user can enter the next carrier to be accessed.

Next Employer Inquire the user can enter the next employer to be accessed.

Click **New** to access the Add Carriers to Employer window to add a new data.

Click **Delete** to delete the carrier.

Click **Select** to view the carrier data of the highlighted row or double-click that highlighted row.

Click **Employer** to access the TPL Employer window.

Click **Exit** to exit the window.

Section 14: Add Carrier For an Employer Window

Introduction

IFSSA and EDS use the Add Carrier for An Employer window to add the carriers associated with an employer. Click **New** or **Alt+N** to access this window through the Carriers For an Employer window.

Figure 14.1 − Add Carrier For An Employer Window

Add Carrier For An Employer			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Search
Select	Paste	Claims	Reset Limits
Print	Cut	Financial	Sort
Exit		Managed Care	Add
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 14.2 – Add Carrier For An Employer Window Menu Tree

Figure 14.2 is an illustration of a menu tree for the Add Carrier For An Employer window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the add Carrier For An Employer window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

  1. Click the command or window option title.

  2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit Add Carrier for an Employer window and save data under Add Carrier for an Employer window.

New − Accesses the Add Carrier for an Employer window.

Select − Selects the highlighted criteria.

Print − Prints the window.

Exit − Closes the window.

Exit Indiana*AIM* − Exits Indiana*AIM*.

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Search – Access the TPL Search/Resource window.

Reset Limits – Clears the search fields to re-enter search criteria.

Sort – Determines how the displayed information is sorted.

Add – Adds a new carrier for the employer.

Field Information

Field Name: EMPLOYER ID

Description – Identification number of the employer

Format – Seven-character alphanumeric

Features – Protected

Edits − None

To Correct − N/A

Field Name: BUSINESS NAME

Description – Business name of the employer

Format – 32-character alphanumeric

Features – Protected

Edits − None

To Correct – N/A

Field Name: NUMBER

Description – Insurance carrier ID

Format – Seven-character alphanumeric

Features – None

Edits – 7049-Carrier ID not found!

To Correct Edit 7049 − Verify carrier ID and re-enter

Edits – 7043-Employer ID not found

To Correct Edit 7043 − Verify employer ID and re-enter

Edits – 7070-Employer/Carrier Cross Reference already exists!

To Correct Edit 7070 − Verify entry − Cannot duplicate employers or carriers

Field Name: NAME

Description – Name of the carrier

Format – 32-character alphanumeric

Features – Protected

Edits – 7049 − Carrier ID not found!

To Correct Edit 7049 − Verify carrier ID and re-enter

Edits – 7043 − Employer ID not found

To Correct Edit 7043 − Verify employer ID and re-enter

Edits – 7070 − Employer/Carrier Cross Reference already exists!

To Correct Edit 7070 − Verify entry − Cannot duplicate employers or carriers

Field Name: CARRIER NUMBER (LIST)

Description – A list of all insurance carrier ID's associated with that employer

Format – Seven-character alphanumeric

Features – System generated

Edits – None

To Correct – N/A

Field Name: CARRIER NAME (LIST)

Description – A list of all carrier's associated with that employer

Format – 32-character alphanumeric

Features – System generated

Edits – None

To Correct – N/A

System Information

PBL − TPL05.PBL

Window − W_TPL_ECX_CARR_ADD

Menu − M_TPL_ECX_EMP_ADD

Data Windows −DW_TPL_EMPLOYER_HEADER

DW_TPL_ECX_CARR_ADD_SEARCH

DW_TPL_ECX_CARR_LIST

System Features

Click **Add** to add a new carrier for that employer.

Cick **New** to access the Carrier window and to add a new carrier.

Click **Select** to access the carrier information or double-click the highlighted row.

Click **Exit** to exit out of the window.

Section 15: Carrier Selection Window

Introduction

IFSSA and EDS use the Carrier Selection window to access individual carriers. Enter the desired carrier name or number to select the carrier. Click **New** or **Alt**+**N** to add or update a carrier on the Carrier window. Click **Carrier** or **Alt**+**C** to select this window through the TPL Menu. Click **Select** or **Alt**+**S** to view the TPL Carrier window.

Figure 15.1 – Carrier Selection Window

Carrier Selection			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Search
Select	Paste	Claims	Reset Limits
Print	Cut	Financial	Sort
Exit		Managed Care	
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 15.2 – Carrier Selection Window Menu Tree

Figure 15.2 is an illustration of a menu tree for the Carrier Selection window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Carrier Selection window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Carrier Selection window and select data under the Carrier Selection window.

New – Allows entry of selection criteria for the carrier

Select – Selects the highlighted criteria.

Print – Prints the window.

Exit – Closes the window.

*Exit Indiana*AIM – Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy – Copies text from one area or application to another.

Paste – Pastes text copied from another area within the TPL functional area.

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Search – Accesses the carrier information.

Reset Limits – Clears the search fields to re-enter search criteria.

Sort – Determines how the displayed information is sorted.

Field Information

Field Name: CARRIER NUMBER

Description – Insurance carrier ID – From one to seven numeric digits

Format – Seven- character numeric

Features – None

Edits – None

To Correct – N/A

Field Name: CARRIER NAME

Description – Insurance carrier name − From one to 32 alphanumeric characters

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: CARRIER NUMBER (LIST)

Description – Insurance carrier ID's that match the selection criteria

Format – Seven-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: CARRIER NAME (LIST)

Description – Insurance carrier names that match the selection criteria

Format – 32-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

System Information

PBL – TPL03.PBL

Window – W_TPL_CARRIER_SELECT

Menu – M_BASE_LIST_SEARCH

Data Windows – DW_TPL_CARR_SELECT

DW_TPL_CARR_SELECT_SEARCH

System Features

Click **New** to add a new carrier.

Click **Select** to select the highlighted row to access the carrier information on the TPL Carrier window or double-click the highlighted row.

Click **Exit** to exit the window.

Section 16: TPL Carrier Window

Introduction

IFSSA and EDS use the TPL Carrier window to access carrier information. This window is for inquiry only. Only authorized users with update privileges can add, update or delete date. Click **New** or **Select,** or **Alt**+**N** or **Alt**+**S** to select this window through the Carrier Select window

Figure 16.1 − TPL Carrier Window

TPL Carrier			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Claims	Carrier to Employer
Delete	Cut	Financial	Xref e
Print		Managed Care	Correspondence
			Address
Exit		MARS	
Audit		Prior Authorization	
Exit Indiana*AIM*		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 16.2 – TPL Carrier Window Menu Tree

Figure 16.2 is an illustration of a menu tree for the TPL Carrier window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the TPL Carrier window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

  1. Click the command or window option title.

  2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Carrier Selection window and select data under the Carrier Selection window.

New –Allows entry of selection criteria for the carrier

Save – Saves the criteria entered.

Delete – Deletes the highlighted area.

Print – Prints the window.

Exit − Closes the window.

Audit − Provides an audit trail of adds and updates.

*Exit Indiana*AIM − Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM.*

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Inquire − Inquires the next employer.

Carrier to Employer Xref − Accesses the Employers for a Carrier window.

Correspondence Address − Accesses the Correspondence Address window.

Field Information

Field Name: CARRIER NUMBER

Description – Insurance carrier ID

Format – Seven-character alphanumeric

Features – None

Edits – 7051-Carrier ID must be 7 digits!

To Correct Edit 7051 – Verify entry. The carrier ID should be seven-alphanumeric characters.

Edits – 7076-Invalid Delete- Carrier has Employer Data!

To Correct Edit 7076 – **Delete** was activated, however, the carrier cannot be deleted if employer data exists

Edits – 7077- Invalid Delete-Carrier has TPL Resource Data!

To Correct Edit 7077 – **Delete** was activated, however, the carrier cannot be deleted if employer data exists

Edits – 7096-Carrier ID already exists!

To Correct Edit 7096 – Verify entry. Identical number cannot be saved twice

Edits – 91006-Field is required!

To Correct Edit 91006 – Enter appropriate seven-digit carrier number

Field Name: CARRIER NAME

Description – Name of the carrier

Format – 32-character alphanumeric

Features – None

Edits – 91006-Field is required

To Correct – Enter appropriate carrier name

Field Name: ADDRESS 1

Description –Street address one of claim submission

Format – 32-character alphanumeric

Features – None

Edits – 91006-Field is required

To Correct – Enter appropriate address. Must have address

Field Name: ADDRESS 2

Description –Street address two of claim submission

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: CITY

Description – City

Format – 15-character alphabetic

Features – None

Edits – 91006-Field is required

To Correct – Enter appropriate city

Field Name: STATE

Description – State

Format – Two character alphabetic

Features – None

Edits – 91006-Field is required

To Correct – Enter appropriate state

Field Name: ZIP CODE

Description – Zip code

Format – 10 character numeric

Features – None

Edits – 7046-Zip code must be 5 digits!

To Correct Edit 7046 – Verify entry and re-enter

Edits – 7059-Zip Code + 4 must be 4 digits!

To Correct Edit 7059 – Verify entry and re-enter

Edits – 91006-Field is required!

To Correct Edit 91006 – Enter zip code

Edits – 91007-Data must be numeric!

To Correct Edit 910007 – Verify entry and re-enter

Field Name: CONTACT NAME

Description – Insurance contact person

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: CONTACT PHONE

Description – Contact phone number

Format – 14-character numeric

Features – None

Edits – 7107-Phone Number Area Code must be 3 digits!

To Correct Edit 7107 – Verify entry and re-enter. Must be three digits

Edits − 7108-Phone Number must 7 digits!

To Correct Edit 7108 – Verify entry and re-enter. Must be seven digits

Edit − 91007-Data must be numeric!

To Correct Edit 91007 – Verify entry and re-enter. Must be numeric

Field Name: EXT

Description – Contact phone number extension

Format – Four character numeric

Features – None

Edits – 91007-Data must be numeric!

To Correct – Verify entry and re-enter. Must be numeric

Field Name: BILLING MEDIA

Description – Billing media indicator. Valid values to include:
      1 - Paper
      2 - Electronic

Format – One character numeric

Features – Dropdown list box

Edits – None

To Correct – N/A

Field Name: HMO INDICATOR

Description – HMO indicator. Valid values to include:
1 - HMO
2 - PPO
3 - Other

Format – One character numeric

Features – Dropdown list box

Edits – None

To Correct – N/A

Field Name: CLAIM FORM TYPE

Description – Claim form type. Valid values to include:
1 - Universal
2 - Other

Format –One character numeric

Features – Dropdown list box

Edits – None

To Correct – N/A

Field Name: NEXT CARRIER

Description – Next Insurance carrier ID to select

Format – Seven-character alphanumeric

Features – None

Edits – 7049-Carrier ID not found!

To Correct Edit 7049 – Verify carrier ID and re-enter. Must be seven characters

Edits – 7051-Carrier ID must be seven digits!

To Correct Edit 7051 – Verify carrier ID and re-enter. Must be seven characters

Edits – 91046-New key is required

To Correct Edit 91046 – Enter next carrier ID

Other Messages

Edit-7002 **Do you really want to delete this record**? occurs when **Delete** or **Alt+D** is clicked.

Save Successful occurs when **Save** or **Alt+S** is clicked.

Save Unsuccessful occurs when **Save** or **Alt+S** is clicked.

System Information

PBL – TPL02.PBL

Window – W_TPL_CARRIER

Menu – M_TPL_CARRIER

Data Windows – DW_TPL_CARRIER

System Features

New enters a new carrier.

Save saves the carrier entered.

Delete deletes the carrier.

Select – accesses the TPL Employer window.

Exit exits the window.

Correspondence Address accesses the Correspondence Address window.

Section 17: Employers For A Carrier Window

Introduction

IFSSA and EDS use the Employers for a Carrier window to access all carriers associated with an employer. Click **Carrier to Employer Cross Reference** or **Alt**+**O** then **C** under Options to select this window on the TPL Carrier window. Click **New** or **Alt**+**N** to add to this window. Click **Delete** or **Alt**+**D** to delete from this window. Only authorized users with update privileges can add, update, or delete data. Click **Carrier** to display the Carrier window.

Figure 17.1 − Employers For A Carrier Window

Employers For A Carrier			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	View Carrier
Delete	Paste	Case Management	Search Screen
Select	Cut	Claims	
Exit		Financial	
Exit Indiana*AIM*		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		Third Party Liability	

Figure 17.2 − Employers For A Carrier Window Menu Tree

Figure 17.2 is an illustration of a menu tree for the Employers For A Carrier window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Employers For A Carrier window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Employers for a Carrier window and save or delete data under the Employers for a Carrier window.

New − Allows entry of selection criteria for the carrier

Delete − Deletes the highlighted area.

Select − Selects the highlighted criteria.

Exit − Closes the window.

*Exit Indiana*AIM − Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy – Copies text from one area or application to another.

Paste – Pastes text copied from another area within the TPL functional area.

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Case Management – Click to access the Case Management Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

View Carrier – Accesses the Carrier window.

Search Screen – Accesses the TPL Search/Resource window

Field Information

Field Name: CARRIER NUMBER

Description – Insurance carrier ID

Format – Seven-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: CARRIER NAME

Description – Name of the carrier

Format – 32-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: EMPLOYER ID

Description – ID of employers associated with the carrier

Format – Seven-character alphanumeric

Features – System assigned key (SAK)

Edits – None

To Correct – N/A

Field Name: BUSINESS NAME

Description – Business name of employers associated with the carrier

Format – 32-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: NEXT CARRIER

Description – Next insurance carrier ID for inquiry

Format – Seven-character alphanumeric

Features – None

Edits – 7048-New Carrier ID is required!

To Correct – Enter next carrier ID for next inquiry

Edits – 7049-Carrier ID not found!

To Correct – Verify carrier ID and re-enter

Field Name: NEXT EMPLOYER

Description – ID of next employer inquiry

Format – Seven-character alphanumeric

Features – None

Edits – 7042-New Employer ID is required

To Correct − Enter new employer ID for next inquiry

Edits – 7043-Employer ID not found!

To Correct – Verify entry and re-enter employer ID

Other Messages

Edit 7002 − **Do you really want to delete this record?** occurs when **Delete** or **Alt+D** is clicked.

Edit 7069 − Cannot Delete! Resource has both employer & carrier

System Information

PBL − TPL05.PBL

Window − W_TPL_EMP_CARR_XREF

MENU − M_TPL_EMP_CARR_XREF

DATA WINDOWS − DW_TPL_CARRIER_HEADER

DW_TPL_CARR_EMP_LIST

System Features

Next Carrier Inquire − Enter the next carrier to access then click **Inquire**.

Next Employer Inquire − Enter the next employer to access then click **Inquire**.

Click **New** to access the Add Employer for Carrier window.

Click **Delete** to delete the employer.

Click **Select** to select the highlighted employer or double-click the highlighted row to for employer information.

Click **Carrier** to access the TPL Carrier window.

Click **Exit** to exit this window.

Section 18: Add Employer For A Carrier Window

Introduction

IFSSA and EDS use the Add Employer for Carrier window to access employers associated with certain carriers. Click **New** or **Alt**+**N** on the Employers For A Carrier window to select this window to manually add an employer. Only authorized users with update privileges have the capability to add to this window. Click **Search** or **Alt**+**R** to access a list of employers associated to a carrier.

Figure 18.1 − Add Employer For A Carrier Window

Add Employer For A Carrier			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Search
Select	Paste	Claimst	Reset Limits
Exit	Cut	Financial	Sort
Exit Indiana*AIM*		Managed Care	Add
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		Third Party Liability	

Figure 18.2 – Add Employer for a Carrier Window Menu Tree

Figure 18.2 is an illustration of a menu tree for the Add Employer For A Carrier window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Add Employer For A Carrier window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Add Employers for a Carrier window and save data under the Add Employers for a Carrier window.

New – Accesses the employer window to add an employer.

Select – Selects the highlighted criteria.

Exit – Closes the window.

*Exit Indiana*AIM – Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Search − Searches for the employer

Reset Limits − Clears the search fields to re-enter search criteria.

Sort − Determines how the displayed information is sorted.

Add − Accesses the Employer Selection window.

Field Information

Field Name: CARRIER NUMBER

Description – Insurance carrier ID

Format – Seven-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: CARRIER NAME

Description – Name of the carrier

Format – 32-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: ID

Description – ID of the employer

Format – Seven-character alphanumeric

Features – None

Edits – 7049-Carrier Id not found!

To Correct Edit 7049 – Verify carrier ID and re-enter

Edits – 7043-Employer Id not found!

To Correct Edit 7043 – Verify employer ID and re-enter

Edits – 7070-Employer/Carrier Cross Reference already exists!

To Correct Edit 7070 – Verify Entry – Cannot duplicate employers or carriers

Field Name: NAME

Description – Employer/Business Name

Format – 32-character alphanumeric

Features – None

Edits – 7049-Carrier Id not found!

To Correct – Verify carrier ID and re-enter

Edits – 7043-Employer Id not found!

To Correct – Verify employer ID and re-enter

Edits − 7070-Employer/Carrier Cross Reference already exists!

To Correct – Verify entry − Cannot duplicate employers or carriers

Field Name: EMPLOYER ID

Description – A list of all employers associated with that carrier

Format – Seven-character alphanumeric

Features – System generated

Edits – None

To Correct – N/A

Field Name: EMPLOYER NAME (LIST)

Description – Name of the employer/business

Format – 32-character alphanumeric

Features – System generated

Edits – None

To Correct – N/A

System Information

PBL − TPL05.PBL

Window − W_TPL_ECX_EMP_ADD

Menu − M_TPL_ECX_EMP_ADD

Data Windows – DW_TPL_CARRIER_HEADER

DW_TPL_ECX_EMP_ADD_SEARCH

DW_TPL_ECX_EMP_LIST

System Features

Double-click row and **Select** is clicked for that row.

Click **Add** to add a new employer to that carrier.

Click **New** to access the employer window to add a new employer.

Click **Select** to access employer information.

Click **Exit** to exit out of window.

Section 19: Correspondence Address Window

Introduction

IFSSA and EDS use the Correspondence Address window to access the correspondence address of the carrier. Double-click **Correspondence Address** or **Alt**+**C** to access this window through the TPL Carrier window.

Figure 19.1 − Correspondence Address Window

Field Information

Field Name: CARRIER NUMBER

Description – Assigned identification number for the carrier

Format – Seven-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: CARRIER NAME

Description – Name of the carrier

Format – 32 character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: ADDRESS 1

Description – Address one of the carrier

Format – 32-character alphanumeric

Features – None

Edits – 91006-Field is required!

To Correct – Enter address

Field Name: ADDRESS 2

Description – Address two of the carrier

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: CITY

Description – City of the carrier

Format – 15 character alphabetic

Features – None

Edits – 91006-Field is required!

To Correct Edit 91006 – Enter city

Field Name: STATE

Description – State

Format – Two character alphabetic

Features – None

Edits – 91006-Field is required!

To Correct Edit 91006 – Enter state abbreviation

Edits – 91010-Data must be alphabetic!

To Correct Edit 91010 – Verify entry and re-enter

Edits – 91036-Invalid state code!

To Correct Edit 91036 – Verify entry and re-enter correct state abbreviation

Field Name: ZIP CODE

Description – Zip code

Format – Five-character numeric

Features – None

Edits – 7046-Zip code must be 5 digits!

To Correct Edit 7046 – Verify entry and re-enter five-digit zip code

Edits – 7059-Zip code +4 must be four digits!

To Correct Edit 7059 – Verify entry and re-enter +four zip code

Edits – 91006-Field is required!

To Correct Edit 91006 – Enter zip code

Edits – 91007-Data must be numeric!

To Correct Edit 91007 – Verify entry and re-enter zip code. Must be numeric.

To Correct – N/A

System Information

PBL – TPL04.PBL

Window – W_TPL_CORR_ADDRESS

Menu – None

Data Windows – DW_TPL_CORR_ADDR

System Features

Click **OK** if information entered is correct.

Click **Cancel** to exit window.

Section 20: TPL Table Maintenance Window

Introduction

IFSSA and EDS use the TPL Table Maintenance to add update, or delete the values and descriptions that are displayed in the dropdowns on a majority of the TPL screens. Only authorized users with update privileges can add new information or change existing data.
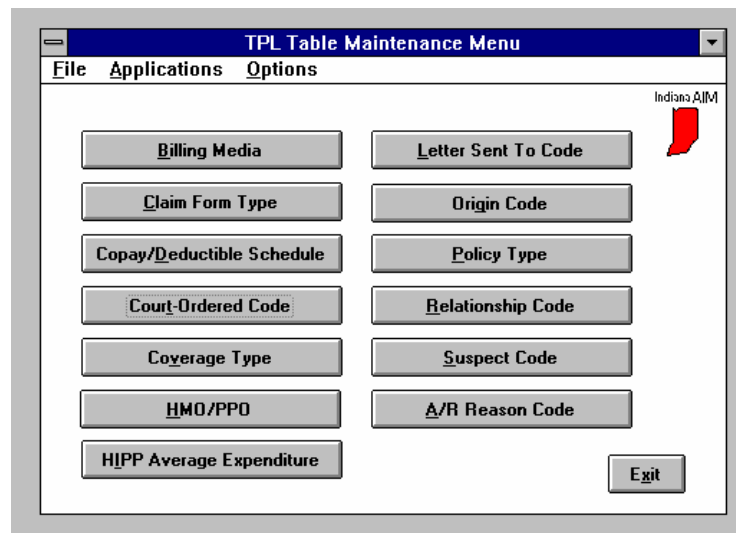
Figure 20.1 − TPL Table Maintenance Window

TPL Table Maintenance Menu			
File	**Edit**	**Applications**	**Options**
Exit		Adhoc Reporting	Billing Media
Exit Indiana*AIM*	e	Claims	Claim Form Type
		Financial	Copay/Deductible Schedule
		Managed Care	Court-Ordered Code
		MARS	Coverage Type
		Prior Authorization	HMO/PPO
		Provider	Letter Sent To Code
		Recipient	Origin Code
		Reference	Policy Type
		S Security	Relationship Code
		SURS	Suspect Code
		Third Party Liability	A/R Reason Code

Figure – 20.2 TPL Table Maintenance Window Menu Tree

Figure 20.2 is an illustration of a menu tree for the TPL Table Maintenance window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the TPL Table Maintenance window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option and title a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

Exits the TPL Table Maintenance window.

Exit – Closes the window.

*Exit Indiana*AIM – Exits Indiana*AIM.*

Menu Selection: Edit

N/A

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Billing Media − Accesses the Billing Media to inquire or update

Claim Form Type − Accesses the Claim Form Type to inquire or update

Co-Pay/Deductible Schedule − Accesses the Co-Pay/Deductible to inquire or update

Court-Ordered Code − Accesses the Court-Ordered Code to inquire or update

Coverage Type − Accesses the Coverage Type to inquire or update

HMO/PPO − Accesses the HMO/PPO to inquire or update

Letter Sent To Code − Accesses Letter Sent to Code to inquire or update

Origin Code − Accesses the Origin Code to inquire or update

Policy Type − Accesses the Policy Type to inquire or update

Relationship Code − Accesses the Relationship Code to inquire or update

Suspect Code − Accesses the Suspect Code to inquire or update

A/R Reason Code − Accesses the A/R Reason Code to inquire or update

Field Information

No fields, messages or edits

System Information

PBL – PL01.PBL

Window – W_TPL_TABLE_MAIN

Menu – M_TPL_TABLE_MAIN

Data Windows – None

System Features

None

Section 21: Billing Media Window

Introduction

IFSSA and EDS use the Table Maintenance TPL Billing Media window to inquire a list of the current Billing Media values and descriptions. Click **New** or **Alt+N** to add, update, or delete a code or description. This accesses the Billing Media window. Enter an applicable code and its description. Click **Billing Media**, or **Alt+B** on the TPL Maintenance window to access this window in Table Maintenance.
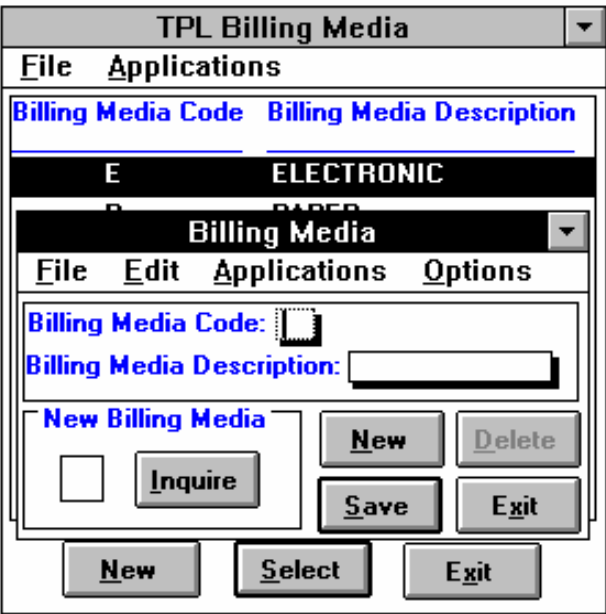
Figure 21.1 Billing Media Window

Billing Media			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Claims	
Delete	Cut	Financial	
Print		Managed Care	
Exit		MARS	
Audit		Prior Authorization	
Exit Indiana*AIM*		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 21.2 Billing Media Window Menu Tree

Figure 21.2 is an illustration of a menu tree for the Billing Media window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Billing Media window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Billing Media window and save or delete data under the Billing Media window.

New − Allows entry of a new billing media code

Save − Saves the criteria entered.

Delete − Deletes the highlighted area.

Print – Prints the window.

Exit − Closes the window.

Audit – Provides an audit trail of adds and updates

*Exit Indiana*AIM – Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy – Copies text from one area or application to another.

Paste – Pastes text copied from another area within the TPL functional area.

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Case Management – Click to access the Case Management Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Inquire – Allows inquiry of a New Billing Media Code.

Field Information

Field Name: BILLING MEDIA CODE

Description – The media on which an insurance billing should be sent

Format – One-character alpha

Features – None

Edits – 7061-Billing Media code already exists!

To Correct Edit 7061 – Verify entry and re-enter

Edits – 7064-Billing Media code is required!

To Correct Edit 7064 – Verify entry and add billing media code

Edits – 7072-Billing Media code associated with a carrier!

To Correct Edit 7072 – Verify entry. Cannot delete if media code is associated with a carrier

Field Name: BILLING MEDIA DESCRIPTION

Description – Narrative description of billing media code

Format – N/A

Features – Protected

Edits – 7006-Description is required!

To Correct Edit 7006 – Description must be entered when adding a new billing media code

Field Name: NEW BILLING MEDIA

Description – Position for the billing media to be added

Format – One character alpha

Features – None

Edits – 7063 Billing Media code not found!

To Correct Edit 7063 – Verify entry or add new billing media code

Other Messages

Edit 7002 **Do you really want to delete this record?** occurs when **Delete** or **Alt+D** is clicked.

Save Successful occurs when **Save** or **Alt+S** is clicked.

Save Unsuccessful occurs when **Save** or **Alt+S** is clicked.

System Information

PBL – TPL03.PBL

Window – W_TPL_BILL_EDIT

Menu – M_BASE_MAINT

Data Windows – DW_TPL_BILL_EDIT

System Features

To add, update or delete, a code or description can be selected by clicking on **New** or by entering **Alt**+**N**.

Click **Save** to save the new code entered.

Click **Delete** to delete the code entered.

Click **New** to enter a new code and description.

Click **Inquire** to verify existing code.

Click **Exit** to return to the Billing Media window.

Section 22: TPL Claim Form Type Window

Introduction

IFSSA and EDS use the TPL Table Maintenance TPL Claim Form Type window to inquire a list of the current Claim Form Type values and descriptions. Select **New** or **Alt+N** to add, update, or delete a code or description. This accesses the TPL Claim form Type window. Enter an applicable code and it's description. Double-click **Claim Form Type** on the TPL Table Maintenance window to access the
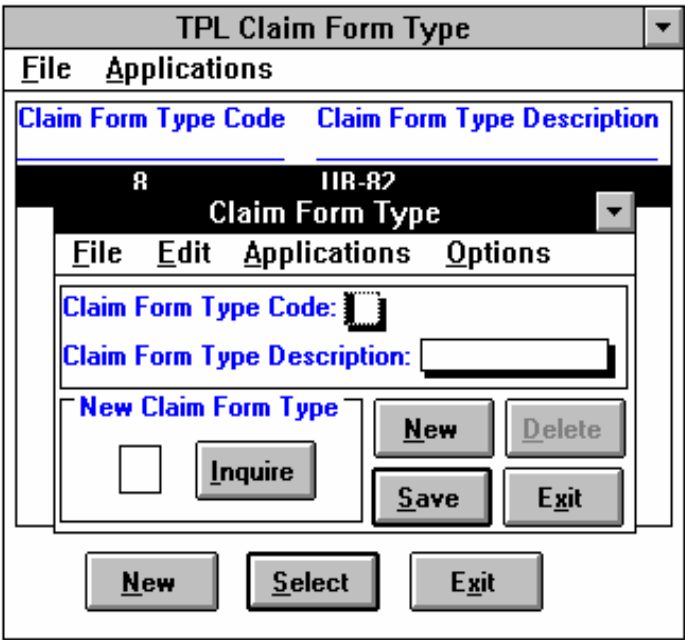
Figure 22.1 − TPL Claim Form Type Window

TPL Claim Form Type window. Another way to access this window is to click **Alt**+**M** from the TPL

TPL Claim Form Type			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Claims	
Delete	Cut	Financial	
Print		Managed Care	
Exit		MARS	
Exit Indiana*AIM*		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 22.2 – TPL Claim Form Type Window Menu Bar

Figure 22.2 is an illustration of a menu tree for the Claim Form Type window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Claim Form Type window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

   1. Click the command or window option title.

   2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Claim Form Type window and save or delete data under the Claim Form Type window

New – Allows entry of a new billing media code

Save – Saves the criteria entered.

Delete – Deletes the highlighted area.

Print – Prints the window.

Exit – Closes the window.

Audit – Provides an audit trail of adds and updates

*Exit Indiana*AIM – Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy – Copies text from one area or application to another.

Paste – Pastes text copied from another area within the TPL functional area.

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Inquire – Inquires the New Claim Form Type.

Field Information

Field Name: CLAIM FORM TYPE CODE

Description – Code used to identify if a claim type. Needs some unique form type

Format – One character numeric

Features – None

Edits – 7065-Claim Form Type already exists!

To Correct – Verify entry and re-enter

Edits – 7066-New Claim Form Type is required!

To Correct – Verify entry and add new claim form type

Edits – 7073-Claim Form Type associated with a resource!

To Correct – Verify entry

Field Name: CLAIM FORM TYPE DECRIPTION

Description – Narrative description of claim form type

Format – N/A

Features – Protected

Edits – 7006-Description is required!

To Correct – Description must be entered when adding a new claim form type.

Field Name: NEW CLAIM FORM TYPE

Description –New claim form type to add

Format – One character numeric

Features – None

Edits – 7067-Claim Form Type not found!

To Correct – Verify entry or add new claim form type

Other Messages

Edit 7002 **Do you really want to delete this record?** occurs when **Delete** or **Alt+D** is clicked.

Save Successful occurs when **Save** or **Alt**+S is clicked.

Save Unsuccessful occurs when **Save** or **Alt**+S is clicked.

System Information

PBL – L03.PBL

Window –_TPL_CLAIM_EDIT

Menu – BASE_MAINT

Data Windows – _TPL_CLAIM_EDIT

System Features

To add, update, or delete, a code or description can be selected by clicking on the New or by entering **Alt+N.**

Click **Save** to save the new code entered.

Click **Delete** to delete code.

Click **New** to enter a new code and description.

Click **Inquire** to verify existing code.

Click **Exit** to return to the TPL Claim Form Type window.

Section 23: Copay/Deductible Code Window

Introduction

IFSSA and EDS use the Copay/Deductible Code window to inquire a list of the current copay/deductible values and descriptions. Click **New** or **Alt+N** to add, update, or delete a code or description. This accesses the TPL Copay/Deductible window. Enter the applicable code and it's description. Double-click **Copay/Deductible** on the TPL Maintenance window to access this window in Table Maintenance. Another way to access this window is to click **Alt+D** from the Table Maintenance window.
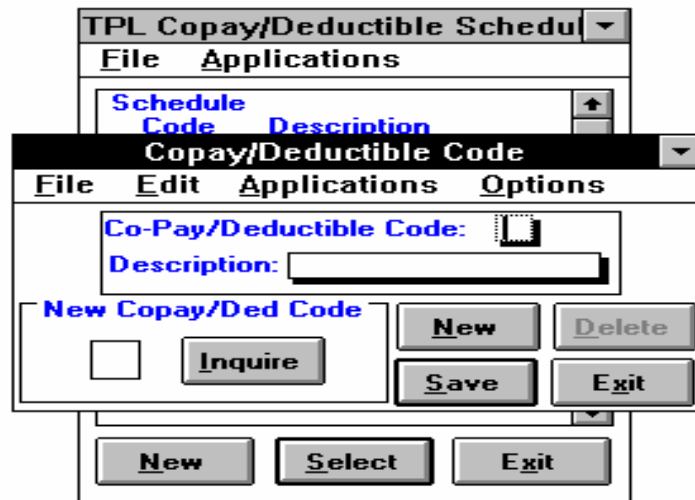
Figure 23.1 − Copay/Deductible Code Window

Copay/Deductible Code			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Claims	
Delete	Cut	Financial	
Print		Managed Care	
Exit		MARS	
Exit Indiana*A*im		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 23.2 – Copay/Deductible Code Window Menu Tree

This Figure 23.2 is an illustration of a menu tree for the Copay/Deductible Code window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Copay/Deductible Code window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Copay/Deductible Schedule window and save or delete data under the Copay/Deductible window.

New – Allows entry of a new billing media code

Save – Saves the criteria entered.

Delete – Deletes the highlighted area.

Print – Prints the window.

Exit – Closes the window.

*Exit Indiana*AIM − Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Inquire − Inquires about the New Claim Form Type.

Field Information

Field Name: COPAY/DEDUCTIBLE CODE

Description – Code used to identify the copay/deductible schedule for a specified policy

Format – One character alpha

Features – None

Edits – 7010-Copay/Deductible Schedule already exists!

To Correct Edit 7010 – Verify entry and re-enter. Cannot duplicate

Edits – 7011-New Copay/Deductible Schedule is required!

To Correct Edit 7011 – Verify entry and add copay/deductible schedule

Edits – 7079-Coverage code associated with a resource!

To Correct Edit 7079 – Verify entry. Cannot delete when the coverage code is associated with a resource

Field Name: DESCRIPTION

Description – Narrative description of coverage code value

Format – N/A

Features – Protected

Edits – 7006-Description is required!

To Correct – Description must be entered when adding a new copay/deductible value

Field Name: NEW COPAY/DEDUCTIBLE CODE

Description – Copay/deductible code to add

Format – One character alpha

Features – None

Edits – 7012-Copay/Deductible Schedule not found!

To Correct – Verify entry or add new copay/deductible schedule

Other Messages

Edit 7002 **Do you really want to delete this record?** occurs when Delete or **Alt+D** is clicked.

Save Successful occurs when **Save** or **Alt+S** is clicked.

Save Unsuccessful occurs when **Save** or **Alt**+S is clicked.

System Information

PBL – TPL03.PBL

Window – W_TPL_COPAY_EDIT

Menu – M_BASE_MAINT

Data Windows – DW_TPL_COPAY_EDIT

System Features

Click **New** or **Alt**+**N** to add, update, or delete a code or description.

Click **Save** to save the new code entered.

Click **Delete** to delete code.

Click **New** to enter a new code and description.

Click **Inquire** to verify existing code.

Click **Exit** to return to the TPL Copay/Deductible Code.

Section 24: TPL Court-Ordered Code Window

Introduction

IFSSA and EDS use the TPL Table Maintenance TPL Court-Ordered Code window to inquire a list of the current court-ordered values and descriptions. Click **New** or **Alt+N** to add, update or delete a code or description. This accesses the TPL Court-Ordered window. Enter the applicable code and it's description. Double-click **Court-Ordered** or **Alt+T** on the TPL Maintenance window to access this window through Table Maintenance.

Figure 24.1 − TPL Court Ordered Code Window

TPL Court-Ordered Code			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Claims	
Delete	Cut	Financial	
Print		Managed Care	
Exit		MARS	
Audit		Prior Authorization	
Exit Indiana*AIM*		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 24.2 – TPL Court Ordered Code Window Menu Tree

Figure 24.2 is an illustration of a menu tree for the Court-Ordered Code window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Court-Ordered Code window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Procedure Maintenance window and save or delete data under the Casualty Case Tracking Search window.

New – Allows entry of a new court-ordered code

Save – Saves the criteria entered.

Delete – Deletes the highlighted area.

Print – Prints the window.

Exit – Closes the window.

Audit − Provides an audit trail of adds and updates.

*Exit Indiana*AIM − Exits Indiana*AIM*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Inquire − Inquire a new court-ordered code.

Field Information

Field Name: COURT-ORDERED CODE

Description − Code used to identify the absent parents' court-ordered responsibilities under a specified policy

Format − One character alpha

Features – None

Edits – 7018-Court-Ordered code already exists!

To Correct Edit 7018 − Verify entry and re-enter

Edits – 7019-New Court-Ordered code is required!

To Correct Edit 7019 – Verify entry and add court-order code

Edits – 7075-Court-Ordered code associated with a resource!

To Correct Edit 7075 – Verify entry

Field Name: DESCRIPTION

Description − Narrative description of court-ordered code

Format − N/A

Features – Protected

Edits – 7006-Description is required!

To Correct Edit 7006 – Description must be entered when adding a new court-ordered code

Field Name: NEW COURT-ORDERED CODE

Description − Court-ordered code to add

Format − One character alpha

Features − None

Edits – 7020-Court-Ordered Code not found!

To Correct – Verify entry or add new court-ordered code

Other Messages

Edit 7002 **Do you really want to delete this record?** occurs when Delete or **Alt+D** is clicked.

Save Successful occurs when **Save** or **Alt+S** is clicked.

Save Unsuccessful occurs when **Save** or **Alt**+S is clicked.

System Information

PBL – TPL03.PBL

Window – W_TPL_COURT_EDIT

Menu – M_BASE_MAINT

Data Windows – DW_TPL_COURT_EDIT

System Features

Click **New** or **Alt+N** to add, update or delete a code or description.

Click **Save** to save the new code entered.

Click **Delete** to delete the code entered.

Click **New** to enter a new code and description.

Click **Inquire** to verify existing code.

Click **Exit** to return to the TPL Court-Ordered Window.

Section 25: TPL Coverage Type Window

Introduction

IFSSA and EDS use the TPL Table Maintenance Coverage Type window to inquire a list of the current Coverage Type values and descriptions. Click **New** or **Alt**+**N** to add update or delete a selected code or description. This accesses the Coverage Type window. Enter an applicable code and it's description. Double-click **Coverage Type**, or press **Alt**+**C** on the TPL Maintenance window to access the Coverage Type window in Table Maintenance.
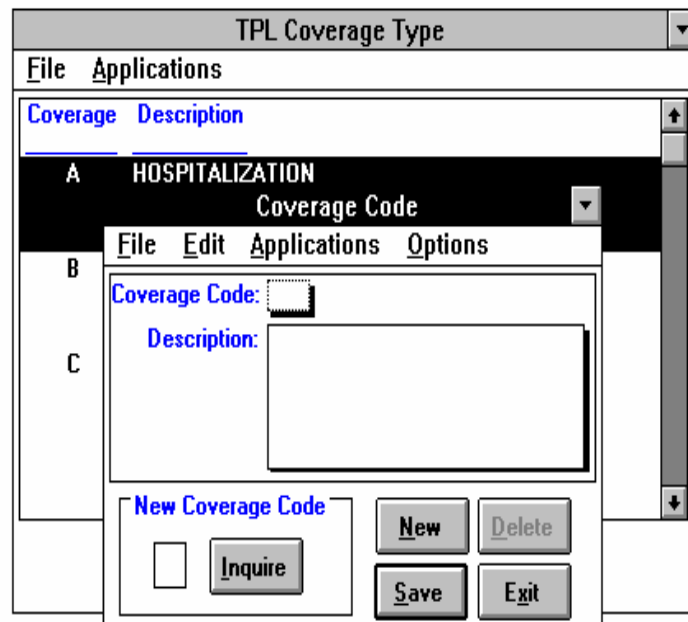
Figure 25.1 − TPL Coverage Type Window

TPL Coverage Type			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Claims	
Delete	Cut	Financial	
Print		Managed Care	
Exit		MARS	
Audit		Prior Authorization	
Indiana*AIM*		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 25.2 – TPL Coverage Type Window Menu Bar

Figure 25.2 is an illustration of a menu tree for the Coverage Type window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Coverage Type window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Coverage Type window and save or delete data under the Coverage Type window.

New − Allows entry of a new coverage type code

Save − Saves the criteria entered.

Delete − Deletes the highlighted area.

Print – Prints the window.

Exit − Closes the window.

Audit – Provides an audit trail of adds and updates

*Exit Indiana*AIM − Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Inquire − Inquire a new coverage type code.

Field Information

Field Name: COVERAGE CODE

Description – Code used to identify the coverage under a specified insurance policy

Format – One character alpha

Features – None

Edits – 7005-Coverage code already exists!

To Correct Edit 7005 – Verify entry and re-enter

Edits – 7007-New Coverage code is required!

To Correct Edit 7007 – Verify-entry or add coverage code

Edits – 7079-Coverage code associated with a resource!

To Correct Edit 7079 – Verify entry

Field Name: DESCRIPTION

Description – Narrative description of coverage code value

Format – N/A

Features – Protected

Edits – 7006-Description is required!

To Correct – Description must be entered when adding a new coverage code value

Field Name: NEW COVERAGE CODE

Description –Coverage code to add

Format – One character alpha

Features – None

Edits – 7008-Coverage code not found!

To Correct – Verify entry or add coverage code

Other Messages

Edit 7002-**Do you really want to delete this record?** occurs when **Delete** or **Alt+D** is clicked.

Save Successful occurs when **Save** or **Alt+S** is clicked.

Save Unsuccessful occurs when **Save** or **Alt+S** is clicked.

System Information

PBL – PL03.PBL

Window – W_TPL_COVERAGE_EDIT

Menu – W_BASE_MAINT

Data Windows – W_TPL_COVERAGE_EDIT

System Features

Click **New** or enter **Alt+N** to add, update, or delete a selected code or description.

Click **Save** to delete code.

Click **Delete** to delete code.

Click **New** to enter a new code and description.

Click **Inquire** to verify existing code.

Click **Exit** to return to the TPL Coverage Type.

Section 26: TPL HMO/PPO Indicator Window

Introduction

IFSSA and EDS use the TPL Table Maintenance HMO/PPO window to inquire a list of the current values and descriptions. Click **New** or **Alt+N** to add, update or delete a selected code or description. This accesses the TPL HMO/PPO window. Enter an applicable code and it's description. Double-click **HMO/PPO** or click **Alt+H** to access the TPL HMO/PPO window in Table Maintenance.
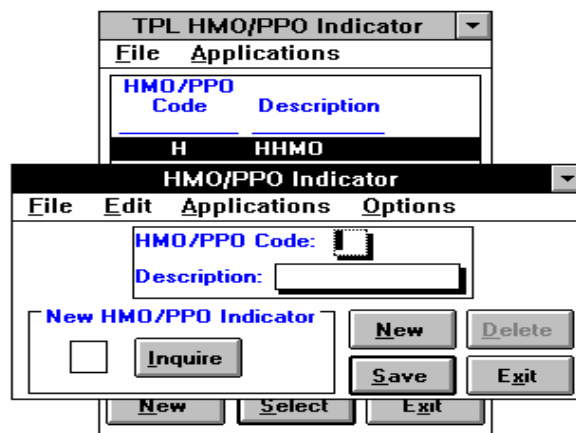
Figure 26.1 − TPL HMO/PPO Indicator Window

TPL HMO/PPO Indicator			
File	**Edit**	**Applications**	**Options**
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Claims	
Delete	Cut	Financial	
Print		Managed Care	
Exit		MARS	
Audit		Prior Authorization	
Exit Indiana*AIM*		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 26.2 – TPL HMO/PPO Indicator Window Menu Tree

Figure 26.2 is an illustration of a menu tree for the HMO/PPO Indicator window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the HMO/PPO Indicator window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

  1. Click the command or window option title.

  2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the HMO/PPO Indicator window and save or delete data under the HOMO/PPO Indicator window.

New − Allows entry of a new HMO/PPO indicator

Save − Saves the criteria entered.

Delete − Deletes the highlighted area.*Print* – Prints the window.

Exit − Closes the window.

Audit – Provides an audit trail of adds and updates.

*Exit Indiana*AIM − Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Inquire − Inquires a new HMO/PPO indicator.

Field Information

Field Name: HMO/PPO

Description – Code used to identify if a resource is a HMO, PPO or other entity to which the questionnaire is sent

Format – One-character alpha

Features − None

Edits − 7026-HMO/PPO-code indicator already exists!

To Correct Edit 7026 − Verify entry and re-enter.

Edits − 7027-HMO/PPO-indicator required!

To Correct Edit 7027 − Verify entry and add HMO/PPO indicator

Edits − 7080-HMO/PPO indicator is associated with a resource!

To Correct Edit 7080 − Verify entry. Do not delete a code associated with a resource

Field Name: DESCRIPTION

Description – Narrative description of HMO/PPO indicator

Format – N/A

Features − Protected − Display only

Edits – 7006 Description is required!

To Correct – Description must be entered when adding a new HMO/PPO indicator

Field Name: NEW HMO/PPO INDICATOR

Description –HMO/PPO indicator to be added

Format – One-character alpha

Features − None

Edits − 7028-HMO/PPO indicator not found!

To Correct − Verify entry or add new HMO/PPO indicator

Other Messages

Edit 7002 **Do you really want to delete this record?** occurs when **Delete** or **Alt+D** is clicked.

Save Successful occurs when **Save** or **Alt+S** is clicked.

Save Unsuccessful occurs when **Save** or **Alt+S** is clicked.

System Information

PBL − TPL03.PBL

Window – W_TPL_HMO_EDIT

Menu – M_BASE_MAINT

Data Windows – DW_TPL_HMO_EDIT

System Features

Click **New** or **Alt+N** to add, update, or delete a selected code or description.

Click **Save** to save the new code entered.

Click **Delete** to delete the code entered.

Click **New** to enter a new code and description.

Click **Inquire** to verify existing code.

Click **Exit** to return to the TPL HMO/PPO window.

Section 27: TPL Letter Sent To Code Window

Introduction

IFSSA and EDS use the TPL Table Maintenance TPL Letter Sent To window to inquire a list of the current Letter Sent To values and descriptions. Click **New** or Alt+**N** to add, update or delete a selected code or description. This accesses the TPL Letter Sent To window. Enter an applicable code and it's description. Double-click **Letter Sent To** or click **Alt+L** on the TPL Table Maintenance window to access the TPL Letter Sent To window.
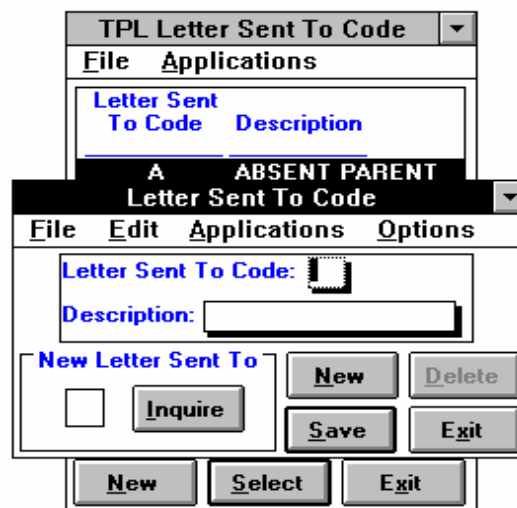
Figure 27.1 − TPL Letter Sent to Code Window

TPL Letter Sent to Code			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Claims	
Delete	Cut	Financial	
Print		Managed Care	
Exit		MARS	
Audit		Prior Authorization	
Exit Indiana*AIM*		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 27.2 – TPL Letter Sent To Code Window Menu Tree

Figure 27.2 is an illustration of a menu tree for the Letter Sent To Code window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Letter Sent To Code window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands save or delete data on the Letter Sent to Code window, or exit the Letter Sent to Code window.

New – Allows entry of a new letter sent to code

Save – Saves the criteria entered.

Delete – Deletes the highlighted area.

Print – Prints the window.

Exit – Closes the window.

Audit – Provides an audit trail of adds and updates

*Exit Indiana*AIM − Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Inquire − Inquires a new letter sent to code.

Field Information

Field Name: LETTER SENT TO CODE

Description – Code used to identify the entity to which the questionnaire is sent

Format – One character alpha

Features – None

Edits – 7030-Letter Sent to code already exists!

To Correct Edit 7030 – Verify entry and re-enter. Enter another code

Edits – 7031-Letter Sent to code is required!

To Correct Edit 7031 – Verify entry and add letter sent to code

Edits – 7081-Letter Sent to code associated with a resource!

To Correct Edit 7081 – Verify entry. Do not delete a code associated with a resource

Field Name: DESCRIPTION

Description – Narrative description of letter sent to code

Format – N/A

Features – Protected – display only

Edits – 7006 Description is required!

To Correct – Description must be entered when adding a new letter sent to code

Field Name: NEW LETTER SENT TO

Description –Letter sent to code to add

Format –One character alpha

Features – None

Edits – 7032-Letter Sent To code not found!

To Correct – Verify entry or add new letter sent to code

Other Messages

Edit 7002 **Do you really want to delete this record?** occurs when **Delete** or **Alt+D** is clicked.

Save Successful occurs when **Save** or **Alt+S** is clicked.

Save Unsuccessful occurs when **Save** or **Alt+S** is clicked.

System Information

PBL – TPL03.PBL

Window – W_TPL_LETTER_EDIT

Menu – M_BASE_MAINT

Data Windows – DW_TPL_LETTER_EDIT

System Features

Click **New** or **Alt+N** to add, update, or delete a selected code or description.

Click **Save** to save the new code entered.

Click **Delete** to delete the code entered.

Click **New** to enter a new code and description.

Click **Inquire** to verify existing code.

Click **Exit** to return to the TPL Letter Sent To window.

Section 28: Origin Code Window

Introduction

IFSSA and EDS use the Origin Code window to inquire a list of the current Origin values and descriptions. Click **New** or **Alt+N** to add, update or delete a selected code or description. This accesses the Origin Code window. Enter an applicable code and it's description. Double-click **Origin** or click **Alt+O** on the TPL Table Maintenance window to access the TPL Origin window.
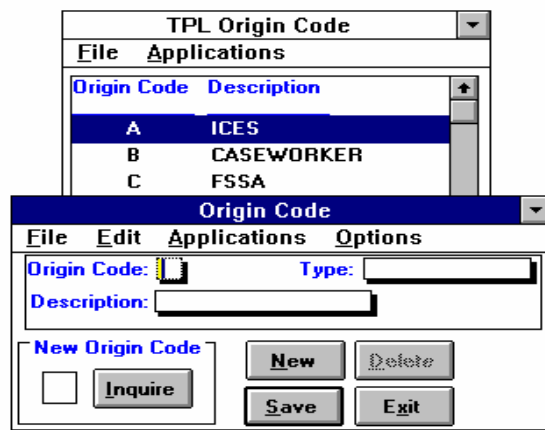
Figure 28.1 − Origin Code Window

Origin Code			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Claims	
Delete	Cut	Financial	
Print		Managed Care	
Exit		MARS	
Audit		Prior Authorization	
Exit Indiana*AIM*		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 28.2 – Origin Code Window Menu Tree

Figure 28.2 is an illustration of a menu tree for the Origin Code window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Origin Code window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Clicking the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Origin Code window and save or delete data under the Origin Code window.

New – Enters new origin code

Save – Saves the criteria entered.

Delete – Deletes the highlighted area.Print – Prints the window.

Exit – Closes the window.

Audit – Provides an audit trail of adds and updates.

*Exit Indiana*AIM − Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Inquire − Inquires a new origin code.

Field Information

Field Name: ORIGIN CODE

Description – Where the lead originated

Format – One-character alpha

Features – None

Edits – 7022-Origin code already exists!

To Correct Edit 7022 – Verify entry and re-enter

Edits – 7023-New Origin code is required!

To Correct Edit 7023 – Verify entry and add origin code

Edits – 7082-Origin code associated with a resource!

To Correct Edit 7082 – Verify entry

Field Name: TYPE

Description – Description of the type of TPL origin code

Format – Alpha characters

Features – Protected. Valid Values are:
1. Resource
2. Casualty
3. Both

Edits – None

To Correct – N/A

Field Name: DESCRIPTION

Description – Narrative description of origin code

Format – N/A

Features – Protected

Edits – 7006-Description is required!

To Correct – Description must be entered when adding a new origin code

Field Name: NEW ORIGIN CODE

Description –Origin code to add

Format – One character alpha

Features – None

Edits – 7024 Origin code not found!

To Correct – Verify entry or add new origin code

Other Messages

Edit 7002 **Do you really want to delete this record?** occurs when **Delete** or **Alt+D** is clicked.

Save Successful occurs when **Save** or **Alt+S** is clicked.

Save Unsuccessful occurs when **Save** or **Alt+S** is clicked.

System Information

PBL – TPL03.PBL

Window – W_TPL_RELATION_EDIT

Menu – M_BASE_MAINT

Data Windows – DW_TPL_RELATION_EDIT

System Features

Click **New** or **Alt+N** to add, update or delete a selected code or description.

Click **Save** to save the new code entered.

Click **Delete** to delete the code entered.

Click **New** to enter a new code and description.

Click **Inquire** to verify existing code.

Click **Exit** to return to the TPL Origin Code window.

Section 29: TPL Policy Type Window

Introduction

IFSSA and EDS use the TPL Table Maintenance TPL Policy Type window to inquire the current Policy Type values and descriptions. Click **New** or **Alt**+**N** to add, update or delete a selected code or description. This accesses the TPL Policy Type window. Enter an application code and it's description. Double-click **Policy Type** or click **Alt**+**P** on the TPL Table Maintenance window to access the Policy Type window.


Figure 29.1 − TPL Policy Type Window

TPL Policy Type			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Case Management	
Delete	Cut	Claims	
Print		Financial	
Exit		Managed Care	
Audit		MARS	
Exit Indiana*AIM*		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		Third Party Liability	

Figure 29.2 – TPL Policy Type Window Menu Tree

Figure 29.2 is an illustration of a menu tree for the Policy Type window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Policy Type window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Policy Type window and save or delete data under the Policy Type window.

New – Allows entry of a new origin code.

Save – Saves the criteria entered.

Delete – Deletes the highlighted area.Print – Prints the window.

Exit – Closes the window.

Audit – Provides an audit trail of adds and updates

*Exit Indiana*AIM – Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy – Copies text from one area or application to another.

Paste – Pastes text copied from another area within the TPL functional area.

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Case Management – Click to access the Case Management Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Inquire – Allows inquiry of a new policy type code.

Field Information

Field Name: POLICY TYPE

Description – Code used to identify the type of insurance policy a recipient has

Format – One-character numeric

Features – None

Edits – 7034-Policy type already exists!

To Correct Edit 7034 – Verify entry and re-enter

Edits – 7035-New Policy type is required!

To Correct Edit 7035 – Verify entry and add policy type

Edits – 7083-Policy code associated with a resource!

To Correct Edit 7083 – Verify entry

Field Name: DESCRIPTION

Description – Narrative description of policy type

Format – N/A

Features – Protected

Edits – 7006-Description is required!

To Correct – Description must be entered when adding a new policy type

Field Name: NEW POLICY TYPE

Description –Policy type to add

Format – One-character numeric

Features – None

Edits – 7036-Policy type not found!

To Correct – Verify entry or add new policy type

Other Messages

Edit 7002 **Do you really want to delete this record?** occurs when **Delete** or **Alt+D** is clicked.

Save Successful occurs when **Save** is clicked or **Alt+S** is entered.

Save Unsuccessful occurs when **Save** or **Alt+S** is clicked.

System Information

PBL – TPL03.PBL

Window – W_TPL_POLICY_EDIT

Menu – M_BASE_MAINT

Data Windows – DW_TPL_POLICY_EDIT

System Features

Click **New** or **Alt+N** to add, update or delete a selected code or description.

Click **Save** to save the new code entered.

Click **Delete** to delete the code entered.

Click **New** to enter a new code and description.

Click **Inquire** to verify existing code.

Click **Exit** to return to the TPL Policy Type window.

Section 30: TPL Relationship Code Window

Introduction

IFSSA and EDS use the TPL Table Maintenance TPL Relationship Code window to inquire a list of the current relationship codes and descriptions. To add, update or delete, click **New** or **Alt**+**N** to select a code or description. This accesses the TPL Relationship Code window. Enter an application code and it's description. Double-click **Relationship** or click **Alt**+**R** on the Table Maintenance window to access this window in Table Maintenance.
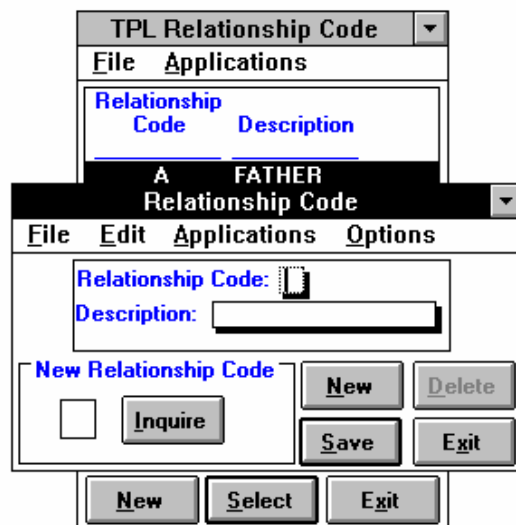
Figure 30.1 − TPL Relationship Code Window

TPL Relationship Code			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Case Management	
Delete	Cut	Claims	
Print		Financial	
Exit		Managed Care	
Audit		MARS	
Exit Indiana*AIM*		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		Third Party Liability	

Figure 30.2 – TPL Relationship Code Window Menu Tree

Figure 30.2 is an illustration of a menu tree for the Relationship Code window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Relationship Code window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

  1. Click the command or window option title.

  2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Relationship Code window and save or delete data under the Relationship Code window.

New – Enters new relationship code

Save – Saves the criteria entered.

Delete – Deletes the highlighted area.

Print – Prints the window.

Exit – Closes the window.

Audit – Provides an audit trail of adds and updates.

*Exit Indiana*AIM − Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Inquire − Inquires a new relationship code.

Field Information

Field Name: RELATIONSHIP CODE

Description – Code used to identify the policyholder's relationship to the recipient

Format – One-character alpha

Features – None

Edits – 7014-Relationship code already exists!

To Correct Edit 7014 – Verify entry and re-enter. Cannot add an existing relationship code

Edits – 7015-New Relationship code is required!

To Correct Edit 7015 – Verify entry and add a new relationship code

Edits – 7084-Relationship code associated with a resource!

To Correct Edit 7084 – Verify entry. Cannot delete a relationship code if associated with a resource.

Field Name: DESCRIPTON

Description – Narrative description of relationship code

Format – N/A

Features – Protected

Edits – 7006-Description is required!

To Correct – Description must be entered when adding a new relationship code

Field Name: NEW RELATIONSHIP CODE

Description –Relationship code to add

Format – One-character alpha

Features – None

Edits – 7016-Relationship code not found!

To Correct – Verify entry or add new relationship code

Other Messages

Edit 7002 **Do you really want to delete this record?** occurs when **Delete** or **Alt+D** is clicked.

Save Successful occurs when **Save** or **Alt+S** is clicked.

Save Unsuccessful occurs when **Save** or **Alt+S** is clicked.

System Information

PBL – TPL03.PBL

Window – W_TPL_RELATION_EDIT

Menu – M_BASE_MAINT

Data Windows – DW_TPL_RELATION_EDIT

System Features

Click **New** or **Alt**+**N** to add, update, or delete a selected code or description.

Click **Save** to save the new code entered.

Click **Delete** to delete the code entered.

Click **New** to enter a new code and description.

Click **Inquire** to verify existing code.

Click **Exit** to return to the TPL Relationship Code window.

Section 31: TPL Suspect Code Window

Introduction

IFSSA and EDS use the TPL Table Maintenance TPL Suspect window to inquire a list of the current Suspect values and descriptions. Click **New** or **Alt+N** to add, update, or delete a selected code or description. This accesses the TPL Suspect window. Enter an applicable code and it's description. Double-click **Suspect** or click **Alt+S** on the TPL Table Maintenance window to access the TPL Suspect window.
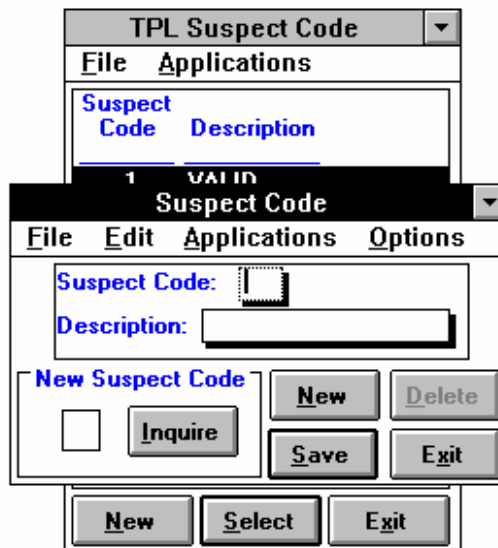
Figure 31.1 − TPL Suspect Code Window

TPL Suspect Code			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Case Management	
Delete	Cut	Claims	
Print		Financial	
Exit		Managed Care	
Audit		MARS	
Exit Indiana*AIM*		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		Third Party Liability	

Figure 31.2 – TPL Suspect Code Window Menu Tree

Figure 31.2 is an illustration of a menu tree for the Suspect Code window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Suspect Code window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Suspect Code window and save or delete data under the Suspect Code window.

New – Allows entry of a new suspect code

Save – Saves the criteria entered.

Delete – Deletes the highlighted area.

Print – Prints the window.

Exit − Closes the window.

Audit – Provides an audit trail of adds and updates.

*Exit Indiana*AIM − Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM.*

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Case Management − Click to access the Case Management Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Inquire − Inquires about a new suspect code.

Field Information

Field Name: SUSPECT CODE

Description – Code used to identify the reason why a specified resource is flagged as suspect

Format – One character numeric

Features – None

Edits – 7038-Suspect code already exists!

To Correct Edit 7038 – Verify entry and re-enter

Edits – 7039 – New Suspect code is required!

To Correct Edit 7039 – Verify entry and add suspect code

Edits – 7085-Suspect code associated with a resource!

To Correct Edit 7085 – Verify entry

Field Name: DESCRIPTION

Description – Narrative description of suspect code

Format – N/A

Features – Protected, display only

Edits – 7006-Description is required!

To Correct – Description must be entered when adding a new policy type

Field Name: NEW SUSPECT CODE

Description –Suspect code to be added

Format – One character numeric

Features – None

Edits – 7040-Suspect code not found!

To Correct – Verify entry or add new suspect code

Other Messages

Edit 7002 **Do you really want to delete this record?** occurs when **Delete** or **Alt+D** is clicked.

Save Successful occurs when **Save** or **Alt+S** is clicked.

Save Unsuccessful occurs when **Save** or **Alt+S** is clicked.

System Information

PBL – TPL03.PBL

Window – W_TPL_SUSPECT_EDIT

Menu – M_BASE_MAINT

Data Windows – DW_TPL_SUSPECT_EDIT

System Features

Click **New** or **Alt+N** to add, update or delete a selected code or description.

Click **Save** to save the new code entered.

Click **Delete** to delete the code entered.

Click **New** to enter a new code and description.

Click **Inquire** to verify existing code.

Click **Exit** to return to the TPL Suspect window.

Section 32: HIPP Average Expenditures Window

Introduction

IFSSA and EDS use the HIPP Average Expenditure window to inquire a list of the current HIPP Average Expenditures used in the HIPP cost effectiveness calculation. Click **Suspect** or **Alt**+**S** on the TPL Table Maintenance window to access the HIPP Average Expenditure window.

Figure 32.1 − HIPP Average Expenditures Window

TPL HIPP Average Expenditure			
File	Edit	Applications	Options
Print	Copy	Adhoc Reporting	
Exit	Paste	Case Management	
Exit Indiana*Aim*	Cut	Claims	
		Financial	
		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		Third Party Liability	

Figure 32.2 – TPL HIPP Average Expenditure Window Menu Tree

Figure 32.2 is an illustration of a menu tree for the Suspect Code window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Suspect Code window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

  1. Click the command or window option title.

  2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Suspect Code window and save or delete data under the Suspect Code window.

Print – Prints the window.

Exit − Closes the window.

*Exit Indiana*AIM − Exits Indiana*AIM*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Case Management − Click to access the Case Management Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Field Information

Field Name: AID GROUP

Description – Code used to identify the aid group of a specific recipient.

Format – Valid values =
1. AFDA
2. AFDC
3. BLND
4. DISA
5. SOBM

Features – Dropdown list

Edits – None

To Correct – N/A

Field Name: AGE FROM

Description – Beginning age range of grouped recipients.

Format – N/A

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: AGE TO

Description – Ending age range of grouped recipients.

Format – N/A

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: AVERAGE EXPENDITURE

Description – Average expenditure of grouped recipients

Format – 11 character numeric

Features – None

Edits – None

To Correct – N/A

System Features

Click **Add Diag Code** for the Average Expense/Diagnosis Update.

Click **Save** or **Alt+S** to save the displayed information.

Click **Exit** or **Alt+X** to close the window

System Information

PBL – TPL03.PBL

Window – W_TPL_SUSPECT_EDIT

Menu – M_BASE_MAINT

Data Windows – DW_TPL_SUSPECT_EDIT

Section 33: Average Expense/Diagnosis Update Window

Introduction

IFSSA and EDS use the TPL Average Expense Diagnosis window to update the list of the current HIPP Average Expense table. Click **New** or **Alt**+**N** to add, update or delete an average diagnosis expense table. Click **Add Diag** on the HIPP Average Expenditure window to access the Average Expense/Diagnosis Update window from the TPL Table Maintenance window.
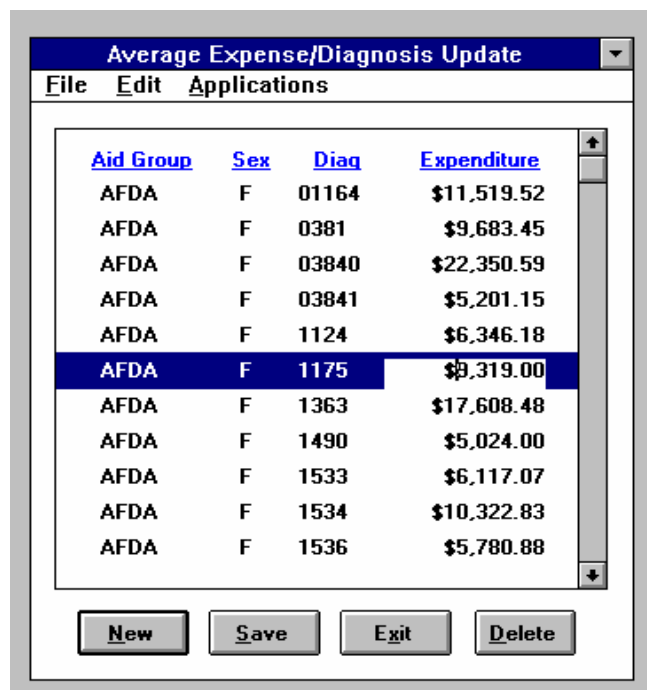
Figure 33.1 − Average Expense/Diagnosis Update Window

Average Expense/Diagnosis Update			
File	Edit	Applications	Options
Print	Copy	Adhoc Reporting	
Exit	Paste	Case Management	
Exit Indiana*AIM*	Cut	Claims	
		Financial	
		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		Third Party Liability	

Figure 33.2 – Average Expense/Diagnosis Update Window Menu Tree

Figure 33.2 is an illustration of a menu tree for the Average Expense/Diagnosis Update window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Average Expense/Diagnosis Update window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands exit the Suspect Code window and save or delete data under the Suspect Code window.

Print – Prints the window.

Exit – Closes the window.

*Exit Indiana*AIM – Exits Indiana*AIM.*

Menu Selection: Edit

Data entered is adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Case Management − Click to access the Case Management Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Field Information

Field Name: AID GROUP

Description –Identifies the aid group of a particular group of recipients.

Format – Four-character alphanumeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: SEX

Description – One character alphanumeric

Format – **F** or **M**

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: DIAG

Description – Diagnosis code for the grouping of HIPP recipients

Format – Five character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: EXPENDITURE

Description – Average expenditure for the grouping of HIPP recipients

Format – 10 character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Other Messages

Save Successful occurs when **Save or Alt+S** is clicked.

Save Unsuccessful occurs when **Save** or **Alt+S** is clicked.

System Information

PBL – TPL03.PBL

Window – W_TPL_SUSPECT_EDIT

Menu – M_BASE_MAINT

Data Windows – DW_TPL_SUSPECT_EDIT

System Features

Click **New** to enter new information.

Click **Save** to save the new information entered.

Click **Exit** to return to the HIPP Average Expenditure window.

Click **Delete** to delete the information entered.

Section 34: Case Tracking Menu Window

Introduction

The TPL Casualty Case Main Menu is the initial window viewed when entering the Case Tracking functional area windows. This window gains access to:

Case Casualty	Attorney
Insurance Agent	Letters
Table Maintenance	
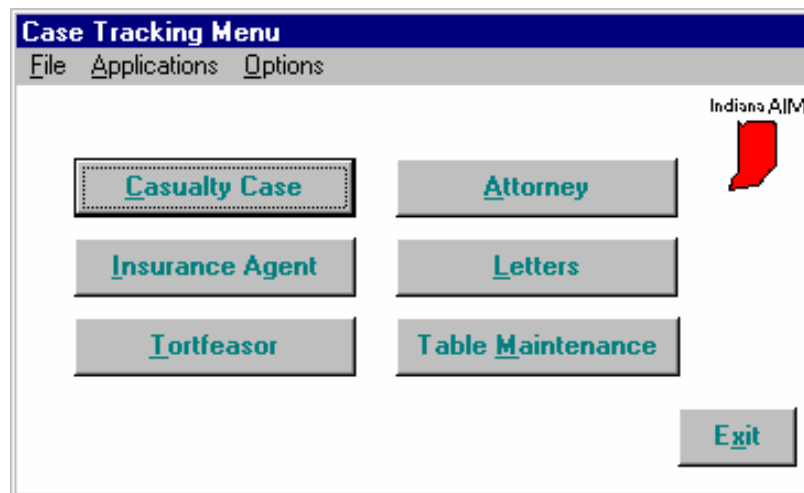
Figure 34.1 − Case Tracking Menu Window

Case Tracking Menu		
File	Applications	Options
Exit	Adhoc Reporting	Casualty Case
Exit Indiana*AIM*	Claims	Insurance Agent
	Financial	Tortfeasor
	Managed Care	Attorney
	MARS	Letters
	Prior Authorization	Table Maintenance
	Provider	
	Recipient	
	Reference	
	Security	
	SURS	
	Third Party Liability	

Figure 34.2 − Case Tracking Window Menu Tree

Figure 34.2 is an illustration of a menu tree for the Case Tracking Menu window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Case Tracking Menu window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections File, Edit, and Applications have the same functions on all the TPL windows.

Menu Selection: File

These commands print and exit the Casualty Case Main Menu window.

Exit − Closes the window.

*Exit Indiana*AIM − Exits Indiana*AIM*

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Casualty Case − Accesses the Casualty Case window.

Insurance Agent − Accesses the Insurance Agent window.

Tortfeasor − Accesses the Tortfeasor window.

Attorney − Accesses the Attorney window.

Letters − Accesses the Letters window.

Table Maintenance − Accesses the Table Maintenance windows.

Mouse Access

Click the button of interest or click the applications menu item then click the item of interest.

Keyboard Access

Select the item of interest with **Alt** along with the underlined letter in the buttons. An alternative to this is to use the menu bar. Type **Alt+A** to access the Applications on the menu bar. Type the underlined letter of the menu item.

Field Information

No fields, messages or edits

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_MAIN

Menu – M_TPL_CAS_MAIN

Data Windows – None.

System Features

Click **Casualty Case** to get to the casualty case functional area.

Click **Attorney** to get to the attorney functional area.

Click **Insurance Agent** to get to the insurance agent functional area.

Click **Letters** to get to the letters functional area.

Click **Tortfeasor** to get to the tortfeasor functional area.

Click **Table Maintenance** to get to the table maintenance functional area

Section 35: Casualty Case Search Window

Introduction

IFSSA and EDS use the Casualty Case Search window to determine if a lead has previously been received on a specific case.   Search options are: RID No.; SSN; Recipient last name with first name; Recipient last name with any other field; Tortfeasor last name; Case No.; and Recipient DOB with at least one other field. Enter one, or a combination of the data displayed on this window. If a case that has been previously entered matches the current criteria entered, the information pertaining to that case is displayed. Click **Casualty Case** or **Alt+C** to access this window through the Case Casualty Main Menu.

Figure 35.1 − Casualty Case Search Window

Casualty Case Search			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Search
Select	Paste	Claims	Reset Limits
Print	Cut	Financial	Sort
Exit		Managed Care	
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 35.2 – Casualty Case Search Window Menu Tree

Figure 35.2 is an illustration of a menu tree for the Casualty Case Search window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Casualty Case Search window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

Click the command or window option title.

Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **ALT**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Case Tracking Search window and save data under the Casualty Case Tracking Search window.

New – Enters election criteria for a casualty case

Select – Closes the window.

Print – Prints the window.

Exit – Returns to Casualty Case Main Menu window.

*Exit Indiana*AIM – Exits Indiana*AIM*.

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy – Copies text from one area or application to another

Paste – Pastes text copied from another area within the TPL functional area.

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Search – Searches the case tracking system to determine if previous information matching the entered criteria has been entered.

Reset Limits – Searches fields and re-enters the search criteria.

Sort – Determines how the displayed information is sorted.

Field Information

Field Name: RID NO.

Description – Recipient's identification number assigned by ICES

Format – 12 character numeric

Features – None

Edits – 91029-Must be numeric!

To Correct – The number should be 12-character numeric

Field Name: RECIPIENT DOB

Description – Recipient's date of birth

Format – Eight character numeric

Features – None

Edits – 91002-Date must be numeric!

To Correct – Verify and re-enter eight numeric characters

Field Name: RECIP NAME

Description – Recipient's last name and first name

Format – 27-character alphanumeric

Features – None

Edits – 7124-First Name or DOB required!

To Correct – Must enter recipient's first name or date of birth when searching by last name

Edits – 7125-Last name required!

To Correct – Last name must be entered when first name is entered.

Field Name: RECIPIENT SSN

Description – Recipient's Social Security number

Format – Nine-character numeric

Features – None

Edits – 91029-Must be numeric!

To Correct – The number should be nine-character numeric.

Field Name: CASE NO.

Description –System assigned number

Format –Nine character numeric

Features – None

Edits – 91029-Must be numeric!

To Correct – The number should be nine-character numeric.

Field Name: TORTFEASOR LAST NAME

Description – Last name of the tortfeasor

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: CASE NO.

Description – Unique assigned case number

Format – Eight-character numeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: CLERK ID

Description – The identification number of the clerk who last entered or updated the case.

Format – Four character numeric

Features – Protected − System generated

Edits – None

To Correct – N/A

Field Name: DATE OF ACCIDENT

Description – The date the accident occurred.

Format – Eight character numeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: ATTORNEY NAME

Description – Name of recipient or tortfeasor attorney.

Format – 32-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: CASE STATUS

Description – Status of the case

Format – Four character numeric

Features – Protected. Valid values include:
 1. A=Closed full amt. – atty. fees
 2. C= In compromise
 3. F=Closed full amt.
 4. I=Intake
 5. L=Lead review
 6. M=Partial recovery
 7. N=NFP
 8. O=Open
 9. P=Partial recovery no fees
 10. X=Closed

Edits – None

To Correct – N/A

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_CASE_SEARCH

Menu – M_BASE_LIST_SEARCH

Data Windows – DW_TPL_CAS_CASE_SEARCH

DW_TPL_CAS_ATTY_INFO

DW_TPL_CAS_CASE_SRCH_LIM

System Features

Click **New** to clear the screen and enter new information on the Case Tracking Base window.

Click **Select** to select the case and go to the Case Tracking Base window or double-click to select the case and to go to the Case Tracking Base window.

Click **Exit** to exit this window.

<div align="right">

Section 36: Case Tracking Base Window

</div>

Introduction

IFSSA and EDS use the Case Tracking Base window to obtain the preliminary information about a specific case. Use the Case Tracking screen for inquiry, as it contains the fundamental information about a case. Click **New** or **Select,** or **Alt**+**N** or **Alt**+**S** to access this window through the Casualty Case window.

Figure 36.1 − Case Tracking Base Window

Case Tracking Base			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Claims	Recipient Info.
Delete	Cut	Financial	Tortfeasor Info.
Exit		Managed Care	Chrono Notes
Audit		MARS	Related Case
Exit Indiana*AIM*		Prior Authorization	Letter History
		Provider	New Letter
		Recipient	Claim Extraction
		Reference	Claim Summary
		Security	
		SURS	
		Third Party Liability	

Figure 36.2 – Case Tracking Base Window Menu Tree

Figure 36.2 is an illustration of a menu tree for the Case Tracking Base window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Case Tracking Base window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

Click the command or window option title.

Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Case Tracking Base window and save data under the Case Tracking Base window.

New – Allows entry of a new casualty case

Save – Saves the information currently displayed on the window.

Delete – Deletes the highlighted area.

Print – Prints the window.

Exit – Closes the window.

Audit – Provides an audit trail of adds and updates.

*Exit Indiana*AIM – Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy – Copies text from one area or application to another.

Paste – Pastes text copied from another area within the TPL functional area.

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Inquire – Use to enter a new case number to display on the Case Tracking Base.

Recipient Info – Use to navigate to the Recipient Info window.

Tortfeasor Info – Use to navigate to the Tortfeasor Info window.

Chrono Notes – Use to navigate to the Chrono Notes window.

Related Cases – Use to navigate to the Related Cases window.

Letter History − Use to navigate to the Letter History window.

New Letter − Use to navigate to the New Letter window.

Claim Extraction − Use to navigate to the Claim Extraction window.

Claim Summary − Use to navigate to the Claim Summary window.

Settlement − Use to navigate to the Case Settlement window.

Field Information

Field Name: RID NO.

Description – Recipient's identification number assigned by ICES

Format – 12-character numeric

Features – None

Edits – 4003-Must be 12-numeric!

To Correct Edit 4003 – Verify and re-enter

Edits – 7098-RID No. is required!

To Correct Edit 7098 – Enter valid RID number for the recipient.

Edits – 91029-Must be numeric!

To Correct Edit 91029 – Must be 12-numeric characters

Edits – 91024-No Match!

To Correct Edit 91024 – RID number not found, verify recipient's RID number

Field Name: RECIPIENT NAME

Description – Recipient's last name, first name, middle initial

Format – 27-character alphanumeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: CASE NUMBER

Description – System assigned number

Format – Nine character numeric

Features –System generated

Edits – 7121-Case Number already exits!

To Correct Edit 7121 – The case number entered already exits for another case. Verify number or add information and click **Save** for the number to system generate.

Edits – 7122-Case Number must be nine-numeric!

To Correct Edit 7122 – Re-enter − Case number should be nine numeric characters

Edits – 91024-No Match found!

To Correct Edit 91024 – Verify number and re-enter, or click **New** so new information can be added and the new system generated number displayed.

Edits – 91029-Must be numeric!

To Correct Edit 91029 – Enter only nine-numeric characters

Field Name: CASE STATUS

Description – Case classification

Format – 32 character alpha. Valid values are as follows:

1. Closed-Full amount minus attny fee
2. Closed-Full amount
3. Closed-Partial recovery minus attny fees
4. Closed-no recovery
5. No further pursuit
6. Open
7. Intake
8. In compromise
9. Lead review
10. Partial recovery no fees

Features – Dropdown list box defaults to intake

Edits – None

To Correct – N/A

Field Name: CLERK ID

Description – The identification number of the clerk who last entered or updated the case

Format – Four-character numeric

Features – Protected − System generated

Edits – None

To Correct – System generated

Field Name: REVIEW/CLOSED DATE

Description – The next date the case is reviewed or the date of case closure

Format – Eight-character numeric

Features – None

Edits – 91029-Must be numeric!

To Correct – Verify and re-enter eight-numeric characters

Field Name: DATE OF ACCIDENT

Description – The date of the accident or injury

Format – Eight-character numeric

Features – None

Edits – 91029-Must be numeric!

To Correct – Verify and re-enter numeric characters (ccyy/mm/dd).

Field Name: PREVIOUS REVIEW DATE

Description – The date of the last time the case was reviewed

Format – Eight-character numeric

Features – None

Edits – 91029-Must be numeric!

To Correct – Verify and re-enter numeric characters (ccyy/mm/dd)

Field Name: CASE ORIGIN

Description – Initial lead source

Format – 32-character alphanumeric. Valid values include:
 1. ICES
 2. Caseworker
 3. FSSA
 4. Recipient
 5. Provider
 6. Attorney
 7. Insurance
 8. CHSCS
 9. Tortfeasor
10. Ins data matches

Features – None

Edits – None

To Correct – N/A

Field Name: CASE TOTAL

Description – Total amount of the case expenditures

Format – Nine-character numeric

Features – None

Edits – 91029-Must be numeric!

To Correct – Verify and re-enter nine numeric characters

Field Name: RELATED CASES

Description – Indicates whether or not there is another recipient (case) related to this case

Format – One character alpha (**Y** or **N;** Defaults to **N**)

Features – None

Edits – None

To Correct – N/A

Field Name: LIEN SENT DATE

Description – The initial lead date

Format – Eight character numeric

Features – None

Edits – 91029-Must be numeric!

To Correct – Verify and re-enter eight numeric characters.

Field Name: RECOVERY AMOUNT

Description – The casualty case recovery amount populated from the Settlement window

Format – Protected – Display only

Features – None

Field Name: CASE TYPE

Description – Type of casualty case

Format – 32-character alphanumeric. Valid values include:

1. Malpractice
2. Workers comp.
3. Accident/injury

Features – Dropdown list box

Edits – None

To Correct – N/A

Field Name: DATE CASE ADDED

Description – The date the case was added to the case tracking

Format – Eight-character numeric

Features – System generated

Edits – 91029-Must be numeric!

To Correct Edit 91029 – Verify and re-enter eight numeric characters

Edits – None

To Correct – N/A

Field Name: LIEN SENT DATE

Description – Date the lien was sent

Format – Eight-character numeric

Features – None

Edits – None

To Correct – N/A

Field Name: LIEN AMENDED DATE

Description – Date the lien was amended

Format – Eight-character numeric

Features – None

Edits – None

To Correct – N/A

Field Name: NATURE OF INJURY/ACCIDENT

Description – Type of injury the recipient sustained

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: MISCELLANEOUS AMOUNT

Description – The expenditure amount from case prior to AIM conversion

Format – 10 character numeric

Features – None

Edits – None

To Correct – N/A

System Information

PBL – TPL03.PBL

Window – W_TPL_CAS_CASE_SEARCH

Menu – M_BASE_LIST_SEARCH

Data Windows – DW_TPL_CAS_CASE_BASE

DW_TPL_CAS_ATTY_INFO

DW_TPL_CAS_CASE_SRCH_LIM

System Features

Click **New** to clear the window and enter new tortfeasor information.

Click **Select** to select the case and access the Case Base window.

Click **Exit** to exit this window.

Double-click selects the case and accesses the Case Base window.

Section 37: Case Chronological Notes Window

Introduction

EDS analysts use the Case Chronological Notes window to write information concerning the case such as phone calls, updates, and so forth. This window can be accessed through the Case Tracking Base window by clicking **Save,** where a message appears asking if Chronological Notes should be entered. Click **Yes** to access this window or **No** to not enter notes. Click **Select** to type in the case chronological notes. The arrows on the right side of the window indicate a scroll bar to scroll through the case notes.

Figure 37.1 − Case Chronological Notes Window

Case Chronological Notes			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Select
Save	Paste	Claims	
Delete	Cut	Financial	
Exit		Managed Care	
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 37.2 − Case Chronological Notes Window Menu Tree

Figure 37.2 is an illustration of a menu tree for the Case Chronological Notes window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Case Chronological Notes window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To elect a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Case Chronological Notes window and save data under the Case Tracking Search window.

New − Enters new chronological notes for a casualty case

Save − Saves the information currently displayed on the window.

Exit − Closes the window.

*Exit Indiana*AIM − Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy – Copies text from one area or application to another.

Paste – Pastes text copied from another area within the TPL functional area.

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Select – Selects the highlighted information.

Field Information

Field Name: CASE NO.

Description – System assigned case number

Description – Eight-character numeric

Features – Protected – Display only

Features – None

To Correct – N/A

Field Name: CLERK ID

Description – Unique assigned number

Description – Four-character numeric

Features – Protected − Display only

Features – None

To Correct – N/A

Field Name: RID NO.

Description – Recipient's identification number assigned by ICES

Description – 12 character numeric

Features – Protected − Display only

Features – None

To Correct – N/A

Field Name: NAME

Description – Recipient's last name

Description – 27-character alphanumeric

Features – Protected −Display only

Features – None

To Correct – N/A

Field Name: NOTE DATE

Description – Date the notes are entered

Description – Eight character numeric

Features – Protected − System generated

Features – None

To Correct – N/A

Field Name: FIRST LINE

Description – First line of the notes entered. Click **Save** to display the first line of the notes.

Description – 60-character alphanumeric

Features – Protected – Display only

Features – None

To Correct – N/A

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_CHRONO

Menu – M_BASE_MAINT_SIMPLE

Data Windows – DW_TPL_CAS_CHRONO_LIST

MLE_1

DW_TPL_CAS_CASE_HEADER

System Features

Click **Select** to select and display the highlighted chrono note.

Click **New** to clear the screen and enter new tortfeasor information.

Click **Save** to save the entered chrono note.

Click **Exit** to exit this window.

Double-click selects and displays the highlighted chrono note.

Section 38: Related Cases Window

Introduction

IFSSA and EDS use the Related Case window to inquire about other open cases related to that recipient. Click **Related Cases** or **Alt+D** to access this window through the Case Tracking Base window.

Figure 38.1 − Related Cases Window

Related Cases			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	
Save	Paste	Claims	
Delete	Cut	Financial	
Exit		Managed Care	
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 38.2 – Related Cases Window Menu Tree

Figure 38.2 is an illustration of a menu tree for the Related Cases window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Related Cases window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Related Cases window and save data under the Related Cases window.

New – Enters new related case information

Save – Saves the information currently displayed on the window.

Delete – Deletes the highlighted area.

Exit – Closes the window.

*Exit Indiana*AIM – Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy – Copies text from one area or application to another.

Paste – Pastes text copied from another area within the TPL functional area.

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: CASE NO.

Description – System assigned number

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CLERK ID

Description – Unique assigned number

Format – Four-character numeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: RID NO

Description – Recipient identification number assigned by ICES

Format – 12-character numeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: NAME

Description – Recipient's last name, first name, middle initial

Format – 27-character alphanumeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: CASE NO.

Description – System assigned number

Format –Nine character numeric

Features – Protected − Display only. This field is populated from the database if a related case exists.

Edits – 91029-Must be numeric

To Correct Edit 91029 – This message appears if **New** is clicked to enter a related case. Number should be nine numeric characters

Edits – 91063-Must be eight characters

To Correct Edit 91063 – This message appears if **New** is clicked to enter a related case. Number should be nine numeric characters.

Field Name: RID NO.

Description – Recipient's identification number assigned by ICES

Format – 12 character numeric

Features – None

Edits – 91029-Must be numeric

To Correct Edit 91029 – This message appears if **New** is clicked to enter a related case. Number should be numeric-characters.

Edits – 4003-Must be 12 numeric

To Correct Edit 4003 – This message appears if **New** is clicked to enter a related case. Number should be 12 numeric characters

Field Name: NAME

Description – Last, first name and middle initial of the Recipient

Format – 40-character alphanumeric

Features – None

Edits – None

To Correct – N/A

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_RELATED_CASES

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_TPL_CAS_RELATED_CASES

DW_TPL_CAS_CASE_HEADER

System Features

Click **New** to enter a new related case.

Click **Delete** to delete the highlighted case.

Click **Save** to save the displayed information.

Click **Exit** to exit this window.

Section 39: Case Tracking Recipient Info Window

Introduction

IFSSA and EDS use the Case Tracking Recipient window to enter and send all correspondence information related to the recipient. Click **Recipient Info** or **Alt+R** to access this window through the Case Tracking Base window.

Figure 39.1 − Case Tracking Recipient Info Window

Case Tracking Recipient Info			
File	Edit	Applications	Options
Delete	Copy	Adhoc Reporting	Attorney Info
Print	Paste	Claims	
Exit	Cut	Financial	
Audit		Managed Care	
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 39.2 – Case Tracking Recipient Info Window Menu Tree

Figure 39.2 is an illustration of a menu tree for the Case Tracking Recipient Info window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Case Tracking Recipient Info window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Case Tracking Recipient Info window and save data under the Case Tracking Recipient Info window.

Delete – Deletes the highlighted information displayed on the window.

Print – Prints the window.

Exit – Closes the window.

Audit – Provides an audit trail of adds and updates.

*Exit Indiana*AIM – Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy – Copies text from one area or application to another.

Paste – Pastes text copied from another area within the TPL functional area.

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Attorney Info – Accesses the Attorney Info window.

Field Information

Field Name: CASE NO.

Description – System assigned number

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CLERK ID

Description – The identification number of the clerk who last entered or updated the case.

Format – Four-character numeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: RID NO.

Description – Recipient's identification number assigned by ICES.

Format – 12-character numeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: NAME

Description – The last name, first name, and middle initial of the recipient.

Format – 27-character alphanumeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: RECIPIENT ADDRESS

Description – Recipient's current address. Two lines are allowed for the address.

Format – 32-character alphanumeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: CITY

Description – City name

Format – 15-character alphanumeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: STATE

Description – State abbreviation

Format – Two-character alpha

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: ZIP CODE

Description – Zip code

Format – Nine character numeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: ATTORNEY NUMBER

Description – Unique system assigned number for each attorney

Format – Eight character numeric

Features – Click **Save** to populate the protected number from the attorney database. If it is not in the attorney database, double-click this field to access the Case Tracking Attorney window, where the number can be system generated by adding the name and address of the attorney.. After the information is entered, click **Save** and **Exit** to return to this field. Click **Save** to populate the attorney number.

Edits – 7119-Must save before selecting Attorney.

To Correct Edit 7119 − Click **Save** to access the Attorney Search window or to populate the attorney information from the database.

Edits – 91024-No Attorney Match Found!

To Correct Edit 91024 – Click **OK** on this error message to access the Attorney Search window to search for the correct attorney number.

Field Name: ATTORNEY PHONE

Description – Phone number of the attorney

Format – 10 character numeric

Features – Click **Save** to populate the protected phone number if it is in the attorney database. If it is not in the attorney database, double-click this field to access the Case Tracking Attorney window where the number can be entered. After the number is entered, click **Save** and **Exit** to return to this window. Click **Save** to populate the phone number.

Edits – None

To Correct – N/A

Field Name: ATTORNEY FAX

Description – Fax machine number of the attorney

Format – 10 character numeric

Features – Click **Save** to populate the protected number if it is in the attorney database. If it is not in the attorney database, double-click this field to access the Case Tracking Attorney window where the number can be entered. After the number is entered, click **Save** and **Exit** to return to this window. Click **Save** to populate the fax number.

Edits – None

To Correct – N/A

Field Name: ATTORNEY NAME

Description – Recipients attorney's last name, first name and middle initial

Format – 27-character alphanumeric

Features –Click **Save** to populate the protected name if it is in the attorney database. If it is not in the attorney database, double-click this field to access the Case Tracking Attorney window where the name can be entered. After the name is entered, click **Save** and **Exit** to return to this window. Click **Save** to populate the attorney name.

Edits − 7116-Attorney is already associated to this case

To Correct Edit 7116 – The attorney entered is associated to this case by being the Tortfeasor attorney. Verify recipient's attorney.

Edits – 7118 − More than one match found for selected item!

To Correct Edit 7118 – Two or more attorneys with the same name, access the Attorney Search window to select correct attorney for this recipient.

Edits – 7119-Must save before selecting Attorney.

To Correct Edit 7119 – Click **Save** to access the Attorney Search window, or to populate the attorney information from the database.

Edits – 91024-No Match Found!

To Correct Edit 91024 – Click **OK** on this error message to access the Attorney Search window to search for the correct attorney number.

Field Name: ATTORNEY ADDRESS

Description – Address of the attorney. Two lines are provided for the address

Format – 32-character alphanumeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: CITY

Description – City of the attorney

Format – 15-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: STATE

Description – State abbreviation

Format – Two-character alpha

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: ZIP

Description – Attorney zip code

Format – Nine-character numeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: ATTORNEY CONTACT

Description – Attorney contact person name

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: INS AGENT NO.

Description – Unique system assigned number for each insurance agent

Format – Eight- character numeric

Features –Click **Save** to populate the protected insurance agent number if it exits in the attorney database. If it is not in the attorney database, double-click this field to access the Case Tracking Attorney window where the number can be entered. After the number is entered, click **Save** and **Exit** to return to this window. Click **Save** to populate the insurance agent number.

Edits – 7117-Insurance agent is already associated to this case

To Correct Edit 7117 – The insurance agent entered is associated to this case by being the Tortfeasor insurance agent. Verify recipient's insurance agent and re-enter number

Edits – 7118-More than one match found for selected item!

To Correct Edit 7118 – Two or more insurance agents with the same name. Access the Insurance Agent Base window to select correct insurance agent for this recipient.

Edits – 7120-Must save before selecting Insurance Agent

To Correct Edit 7120 – Click **Save** to access the Insurance Agent Base window or to populate the insurance agent information from the database.

Edits – 91024-No Insurance Agent Match Found!

To Correct Edit 91024 – Click **OK** on this error message to access the Insurance Agent Search window. Search for the correct insurance agent number or add a new insurance agent to system to generate a new number.

Field Name: INS AGENT PHONE

Description – Insurance agents phone number

Format – 10-character numeric

Features – Click **Save** to populate the protected insurance agent number if it is in the attorney database. If it is not in the attorney database, double-click this field to access the Case Tracking Attorney window where the number can be entered. After the number is entered, click **Save** and **Exit** to return to this window. Click **Save** to populate the insurance agent number.

Edits – None

To Correct – N/A

Field Name: INS AGENT FAX

Description – Fax machine number of the insurance agent

Format – 10-character numeric

Features – Click **Save** to populate the protected fax number if it is in the attorney database. If it is not in the attorney database, double-click this field to access the Case Tracking Attorney window where the number can be entered. After the number is entered, click **Save** and **Exit** to return to this window. Click **Save** to populate the fax number.

Edits – None

To Correct – N/A

Field Name: INS AGENT NAME

Description – Insurance agent's last name, first name and middle initial

Format – 27-character alphanumeric

Features – Double-click a saved insurance agent to access the Case Tracking Insurance Agent window.

Edits – 7117-Insurance agent is already associated to this case

To Correct Edit 7117 – The insurance agent entered is associated to this case by being the Tortfeasor insurance agent. Verify recipient's insurance agent and re-enter number.

Edits – 7118-More than one match found for selected item!

To Correct Edit 7118 – Two or more insurance agents with the same name. Access the Insurance Agent Base window to select the correct insurance agent for this recipient.

Edits – 7120-Must save before selecting Insurance Agent

To Correct Edit 7120 – Click **Save** to access the Insurance Agent Base window or to populate the insurance agent information from the database.

Edits – 91024-No Match Found!

To Correct Edit 91024 – Click **OK** on this error message to access the Insurance Agent Search window to search for the correct insurance agent number or add a new insurance agent to system generate a new number.

Field Name: INS COMPANY NAME

Description – Name of insurance company

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: INS AGENT ADDRESS

Description – Address of the insurance agent. Two lines are provided for the address.

Format – 32-character alphanumeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: CITY

Description – City name

Format – 32-character alphanumeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: STATE

Description – State abbreviation

Format – Two-character alpha

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: ZIP CODE

Description – Zip code

Format – Five-character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: ZIP CODE

Description – Optional zip code

Format – Four-character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: POLICY/CLAIM NO.

Description – Recipient's claim or policy number related to the accident

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_RECIP_INFO

Menu – M_BASE_MAINT_SIMPLE

Data Windows – DW_TPL_CAS_RECIP_INFO

DW_TPL_CAS_ATTY_RECIP

DW_TPL_CAS_IAGT_RECIP

System Features

Click **Save** to save the currently displayed recipient information.

Click **Exit** to exit this window.

Section 40: Attorney Search Window

Introduction

IFSSA and EDS use the Attorney Search window to search for attorneys. Enter the attorney number, attorney name, or a combination of the two fields to view the attorneys on the database. Click **Attorney** or **Alt**+**A** to access this window through the Casualty Case Main Menu.

Figure 40.1 − Attorney Search Window

Attorney Search			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Search
Select	Paste	Claims	Reset Limits
Print	Cut	Financial	Sort
Exit		Managed Care	
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 40.2 – Attorney Search Window Menu Tree

Figure 40.2 is an illustration of a menu tree for the Attorney Search window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Attorney Search window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

  2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Attorney Search window and save data under the Attorney Search window.

New – Enters search criteria for an attorney

Select – Selects the displayed attorney.

Print – Prints the window.

Exit – Closes the window.

*Exit Indiana*AIM – Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy – Copies text from one area or application to another.

Paste – Pastes text copied from another area within the TPL functional area.

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Search – Searches and displays an attorney matching the search criteria entered.

Reset Limits – Clears search fields to re-enter the search criteria.

Sort – Determines how the displayed information is sorted.

Field Information

Field Name: ATTORNEY NUMBER

Description – System assigned identification number for an attorney

Format – Eight-character numeric

Features – None

Edits – 91011-Record not found-please try again!

To Correct Edit 91011 – Verify and re-enter number or click **New** to add a new attorney.

Edits – 91056-Please enter at least one search field!

To Correct Edit 91056 – Attorney number or name must be entered if **Search** is clicked.

Field Name: ATTORNEY NAME

Description – The last and first name of the attorney

Format – 26-character alphanumeric

Features – None

Edits – 91011-Record not found-please try again!

To Correct Edit 91011 – Verify and re-enter number or click **New** to add a new attorney.

Edits – 91056-Please enter at least one search field!

To Correct Edit 91056 – One field must be entered to be able to search.

Field Name: ATTORNEY NUMBER

Description – System-assigned attorney identification number

Format – Eight character numeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: ATTORNEY NAME

Description – The name of the attorney

Format – 32-character alphanumeric

Features – Protected − Display only

Edits – None

To Correct – N/A

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_ATTY_SEARCH

Menu – M_BASE_LIST_SEARCH

Data Windows – DW_TPL_CAS_ATTY_SEARCH

System Features

Click **Search** to search for the entered information.

Click **New** to display the Attorney Base screen to add a new attorney.

Click **Select** to display the Attorney Base screen with the selected attorney or double-click to display the Attorney Base screen with the selected attorney.

Click **Exit** to exit this window.

Section 41: Case Tracking Attorney Window

Introduction

IFSSA and EDS use the Case Tracking Attorney window to obtain, add or change existing information on attorneys. Click **New** or **Select,** or enter **Alt+N** or **Alt+S** to access this window through the Attorney Search window.

Figure 41.1 – Case Tracking Attorney Window

Case Tracking Attorney			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Claims	
Delete	Cut	Financial	
Print		Managed Care	
Exit		MARS	
Audit		Prior Authorization	
Exit Indiana*AIM*		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 41.2 − Case Tracking Attorney Window Menu Tree

Figure 41.2 is an illustration of a menu tree for the Case Tracking Attorney window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Case Tracking Attorney window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt.**

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Case Tracking Attorney window and save data under the Case Tracking Attorney window.

New − Allows entry of new chronological notes for a casualty case

Save − Saves the information currently displayed on the window

Delete – Deletes the highlighted area.

Print – Prints the window.

Exit − Closes the window

Audit – Provides an audit trail of adds and updates.

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy – Copies text from one area or application to another.

Paste – Pastes text copied from another area within the TPL functional area.

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

Third Party Liability – Click to access the TPL Menu

SURS – Click to access the SURS Menu

Menu Selection: Options

Inquire – Inquires a new relationship code.

Field Information

Field Name: ATTORNEY NUMBER

Description – System assigned attorney identification number

Format – Eight character numeric

Features – If none entered, the system defaults to the next available number

Field Name: PH

Description – Attorney's phone number

Format – 10-character numeric

Features – None

Edits – 91029-Must be numeric!

To Correct Edit 91029 – Numeric characters must be entered

Edits – 91061-Phone Number must be 10 digits!

To Correct Edit 91061 – Verify and enter 10 numeric characters

Field Name: FAX

Description – Attorney's fax number

Format – 10 character numeric

Features – None

Edits – 91029-Must be numeric!

To Correct Edit 91029 – Numeric characters must be entered

Edits – 91061-Fax Number must be 10 digits!

To Correct Edit 91061 – Verify and enter 10 numeric characters

Field Name: ATTORNEY NAME

Description – The last name, first name, and middle initial of the attorney

Format – 27-character alphanumeric

Features – None

Edits – 91037-Field is required

To Correct – Attorney name is required

Field Name: ATTORNEY ADDRESS

Description – Address of the attorney. Two lines are provided for the address.

Format – Three-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: CITY

Description – City name

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: STATE

Description – State abbreviation

Format – Two-character alpha

Features – None

Edits – 91036-Invalid State code!

To Correct – Verify and re-enter correct state abbreviation.

Field Name: ZIP CODE

Description – Zip code

Format – Five character numeric

Features – None

Edits – 91029-Must be numeric!

To Correct Edit 91029 – Verify and enter numeric characters

Edits – 7046-Zip code must be five digits!

To Correct Edit 7046 – Verify and enter five numeric characters

Field Name: ZIP CODE

Description – Optional zip code

Format – Four character numeric

Features – None

Edits – 91029-Must be numeric!

To Correct Edit 91029 – Verify and enter numeric characters.

Edits – 7059-Zip Code + 4 must be 4 digits.

To Correct Edit 7059 – Verify and enter four numeric characters.

Field Name: NEXT ATTORNEY NUMBER

Description – The next attorney number for inquiry

Format – Eight character numeric

Features – None

Edits – 91024-No match found!

To Correct Edit 91024 – Verify number and re-enter

Edits – 91029-Must be numeric!

To Correct Edit 91029 – Numeric characters must be entered.

System Information

PBL – TPL06.PBL

Window –W_TPL_CAS_ATTY_BASE

Menu – M_BASE_MAINT

Data Windows – DW_TPL_CAS_ATTY_BASE

System Features

Click **New** to clear the screen and to enter a new attorney.

Click **Save** to save the currently displayed attorney information.

Click **Exit** to exit this window.

Click **Inquire** to inquire about the attorney number entered in the Next Attorney field.

Section 42: Recipient Attorney Information Window

Introduction

IFSSA and EDS use the Recipient Attorney Information window to document and calculate the attorney fee percentage to be paid on a casualty case. Click **Attorney Info** or **Alt+A** under Options to access this window through the Recipient Information window.

Figure 42.1 − Recipient Attorney Information Window

Recipient Attorney Information			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	
Save	Paste	Claims	
Exit	Cut	Financial	
Exit Indiana*AIM*		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 42.2 − Recipient Attorney Information Window Menu Tree

Figure 42.2 is an illustration of a menu tree for the Recipient Attorney Information window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Recipient Attorney Information window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Recipient Attorney Information window and save data under the Recipient Attorney Information window.

New − Allows entry of new attorney information.

Save − Saves the information currently displayed on the window.

Exit − Closes the window.

*Exit Indiana*AIM − Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Field Information

Field Name: CASE NO.

Description – System assigned number

Format – Nine character numeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: CASE STATUS

Description – Case classification

Format – 32-character alpha. Valid values are as follows:

1. Closed-Full amount minus attny fee
2. Closed-Full amount
3. Closed-Partial recovery minus attny fees
4. Closed-no recovery
5. No further pursuit
6. Open
7. Intake
8. In compromise
9. Lead review
10. Partial recovery no fees

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: RID NO.

Description – Recipient identification number assigned by ICES

Format – 12 character numeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: RECIPIENT NAME

Description – Recipient's last name, first name, middle initial

Format – 27-character alphanumeric

Features – Protected-Display only

Edits – None

To Correct – N/A

Field Name: CASE TOTAL

Description – Total amount of the case expenditures

Format –Nine-characters numeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: FEE %

Description – Percentage of the case total paid to recipient's attorney

Format – Three characters numeric

Features – None

Edits – 91029-Must be numeric

To Correct – Percentage must be numeric

Field Name: FEE AMOUNT

Description – Total amount paid to the attorney

Format – Nine characters numeric

Features – None

Edits – 91029-Must be numeric

To Correct – Amount must be numeric

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_REATT_INFO

Menu – M_BASE_MAINT_SIMPLE

Data Windows – DW_TPL_CAS_CASE_ATTY_INF

DW_TPL_CAS_CASE_HEADER_2

System Features

Click **Save** to save the currently displayed Attorney Information Amount information.

Click **Exit** to exit this window.

Section 43: Tortfeasor Search Window

Introduction

IFSSA and EDS use the Tortfeasor Search window to search for tortfeasors. To view the torfeasors on the database, enter the tortfeasor number, the tortfeasor name, or a combination of the two fields. Click **Tortfeasor** or **Alt**+**T** to access this window through the Casualty Case Main Menu.

Figure 43.1 − Tortfeasor Search Window

Tortfeasor Search			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Search
Select	Paste	Claims	Reset Limits
Print	Cut	Financial	Sort
Exit		Managed Care	
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 43.2 – Tortfeasor Search Window Menu Tree

Figure 43.2 is an illustration of a menu tree for the Tortfeasor Search window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Tortfeasor Search window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

  1. Click the command or window option title.

  2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Tortfeasor Search window and save data under the Tortfeasor Search window.

New – Allows entry of search criteria for a tortfeasor

Select – Selects the displayed tortfeasor.

Print – Prints the window.

Exit – Closes the window.

*Exit Indiana*AIM – Exits Indiana*AIM*.

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy – Copies text from one area or application to another.

Paste – Pastes text copied from another area within the TPL functional area.

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Search – Searches and displays a tortfeasor matching the search criteria entered.

Reset Limits – Clears search fields to re-enter the search criteria.

Sort – Determines how the displayed information is sorted.

Field Information

Field Name: TORTFEASOR NO.

Description – System assigned identification number for a tortfeasor

Format – Eight character numeric

Features – None

Edits – 91011-Record not found-please try again!

To Correct Edit 91011 – Verify and re-enter number or click **New** to add a new tortfeasor

Edits – 91056-Please enter at least one search field!

To Correct Edit 91056 – Tortfeasor number or tortfeasor name must be entered if **Search** is clicked**.**

Field Name: TORTFEASOR NAME

Description – The last name of the tortfeasor

Format – 27-character alphanumeric

Features – None

Edits – 91011-Record not found-please try again!

To Correct Edit 91011 – Verify and re-enter number or click **New** to add a new tortfeasor

Edits – 91056-Please enter at least one search field!

To Correct Edit 91056 – Tortfeasor number or tortfeasor name must be entered if **Search** is clicked.

Field Name: TORTFEASOR NUMBER

Description – Tortfeasor system assigned identification number

Format – Eight character numeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: TORTFEASOR NAME

Description – The name of the tortfeasor

Format – 32-character alphanumeric

Features – Protected − Display only

Edits – None

To Correct – N/A

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_TORT_SEARCH

Menu – M_BASE_LIST_SEARCH

Data Windows – DW_TPL_CAS_TORT_SEARCH

System Features

Click **Search** to search for the entered information.

Click **New** to display the Tortfeasor Base screen to add a new Tortfeasor.

Click **Select** to display the Tortfeasor Base screen with the selected Tortfeasor.

Click **Exit** to exit this window.

Double-click displays the Tortfeasor Base screen with the selected Tortfeasor.

Section 44: Tortfeasor/Case Xref Window

Introduction

IFSSA and EDS use the Tortfeasor/Case Xref window to inquire Tortfeasor information. Click **New** or **Select**, or **Alt**+**N** or **Alt**+**S** to access the Tortfeasor Info Window through this window.

Figure 44.1 − Tortfeasor/Case Xref Window

Tortfeasor/Case Xref			
File	Edit	Applications	Options
New		Adhoc Reporting	Delete
Select		Claims	
Print		Financial	
Exit		Managed Care	
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 44.2 – Tortfeasor/Case Xref Window Menu Tree

Figure 44.2 is an illustration of a menu tree for the Tortfeasor/Case Xref window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Tortfeasor/Case Xref window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Tortfeasor/Case Xref window and save data under the Tortfeasor/Case Xref window.

New – Allows entry of new information for cross-reference

Select – Selects the displayed tortfeasor.

Print – Prints the window.

Exit – Closes the window.

*Exit Indiana*AIM – Exits Indiana*AIM*.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Delete – Deletes the highlighted information.

Field Information

Field Name: CASE NO.

Description – System assigned number *Format* –Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CLERK ID

Description – The ID number of the clerk who last entered or updated the case

Format – Four character numeric

Features – Protected – Display only

Edits – None

To Correct – Protected − Display only

Field Name: RID NO.

Description – Recipient's identification number assigned by ICES

Format – 12 character numeric

Features – Protected − Display only

Edits – None

To Correct – N/A

Field Name: NAME

Description – Recipient's last name, first name and middle initial

Format – 27-character alphanumeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: TORTFEASOR LAST NAME

Description – Last name of the tortfeasor

Format – 32-character alphanumeric

Features – Protected − Display only

Edits – None

To Correct – N/A

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_RELATED_CASES

Menu – M_BASE_LIST_RETRIEVE

Data Windows – DW_TPL_CAS_TORT_XREF_

DW_TPL_CAS_CASE_HEADER

System Features

Click **New** to associate a new tortfeasor to the current case.

Click **Delete** to delete the highlighted tortfeasor associated to this case. (The actual tortfeasor is not deleted.)

Click **Select** to select the tortfeasor and display the Tortfeasor Info screen.

Click **Exit** to exit this window.

Double-click selects the tortfeasor and displays the Tortfeasor Info screen.

Section 45: Tortfeasor Base Window

Introduction

IFSSA and EDS use the Case Tracking Tortfeasor window to add, update or to view information about a Tortfeasor. Click **New** or **Select,** or **Alt**+**N** or **Alt**+**S** to access this window through the Tortfeasor Search window.

Figure 45.1 − Tortfeasor Base Window

Tortfeasor Base			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Claims	
Print	Cut	Financial	
Exit		Managed Care	
Audit		MARS	
Exit Indiana*AIM*		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 45.2 – Tortfeasor Base Window Menu Tree

Figure 45.2 is an illustration of a menu tree for the Tortfeasor Base window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Tortfeasor Base window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Tortfeasor Base window and save data under the Tortfeasor Base window.

New – Allows entry of new information for cross-reference.

Save − Saves the information currently displayed on the window.

Print – Prints the window.

Exit − Closes the window.

Audit – Provides an audit trail of adds and updates.

*Exit Indiana*AIM *–* Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy – Copies text from one area or application to another.

Paste – Pastes text copied from another area within the TPL functional area.

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Inquire – Inquires about a new tortfeasor.

Field Information

Field Name: TORTFEASOR NUMBER

Description – System assigned tortfeasor identification number

Format – Eight character numeric

Features – If none is entered, the system defaults to the next available number

Edits – 91029-Must be numeric!

To Correct – Eight numeric characters must be entered

Field Name: TORTFEASOR PHONE NUMBER

Description – Tortfeasor phone number

Format – 10 character numeric

Features – None

Edits – 91029-Must be numeric!

To Correct Edit 91029 – 10 numeric characters must be entered

Edits – 91061-Phone Number must be 10 digits!

To Correct Edit 91061 – Verify and re-enter 10 numeric characters

Field Name: TORTFEASOR NAME

Description – The last name, first name, and middle initial of the tortfeasor

Format – 27-character alphanumeric

Features – None

Edits – 91006-Field is required

To Correct – Must enter tortfeasor name if **New** is clicked.

Field Name: TORTFEASOR ADDRESS

Description – Address of the tortfeasor. Two lines are provided for the address.

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: CITY

Description – City name

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: STATE

Description – State abbreviation

Format –Two-character alpha

Features – None

Edits – 91036-Invalid State code!

To Correct – Verify and re-enter correct state abbreviation

Field Name: ZIP CODE

Description – Zip code

Format – Five character numeric

Features – None

Edits – 91029 – Must be numeric!

To Correct Edit 91029 – Verify and enter five numeric characters

Edits – 7046–Zip code must be 5 digits!

To Correct Edit 7046 – Verify and enter five numeric characters

Field Name: ZIP CODE

Description – Optional zip code

Format – Four character numeric

Features – None

Edits – 91029 – Must be numeric!

To Correct Edit 91029 – Verify and enter numeric characters

Edits – 7059 – Zip Code + 4 must be 4 digits.

To Correct Edit 7059 – Verify and enter four numeric characters

Field Name: NEXT TORTFEASOR NUMBER

Description – The next tortfeasor number for inquiry

Format – Eight character numeric

Features – None

Edits – 91024 – No match found!

To Correct Edit 91024 – Tortfeasor number does not exist on the database. Verify number, and press **New** to add a new tortfeasor.

Edits – 91029–Must be numeric!

To Correct Edit 91029 – Enter eight numeric characters

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_TORT_BASE

Menu – M_BASE_MAINT

Data Window – DW_TPL_CAS_TORT_BASE

System Features

Click **New** to clear the screen and enter a new tortfeasor.

Click **Save** to save the currently displayed tortfeasor information.

Click **Exit** to exit this window.

Click **Inquire** to inquire about the tortfeasor number and to enter the next Tortfeasor Number field.

Section 46: Tortfeasor Info Window

Introduction

IFSSA and EDS use the Tortfeasor Information window to enter and send all correspondence related to the liable third party. Click **Tortfeasor Info** or **Alt+T** to access this window on the Case Tracking Base window through Options. This accesses the Tortfeasor/Case Xref window. Next, click **New** or **Select,** or **Alt+N** or **Alt+S** to access this window.

Figure 46.1 − Tortfeasor Info Window

Tortfeasor Info			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	t
Save	Paste	Claims	
Print t	Cut	Financial	
Exit		Managed Care	
Audit		MARS	
Exit Indiana*AIM*		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 46.2 – Tortfeasor Info Window Menu Tree

Figure 46.2 is an illustration of a menu tree for the Tortfeasor Info window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Tortfeasor Info window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Tortfeasor Info window and save data under the Tortfeasor Info window.

New – Allows entry of new tortfeasor information

Save – Saves the information displayed on the window.

Print – Prints the window.

Exit – Closes the window.

Audit – Provides an audit trail of adds and updates.

*Exit Indiana*AIM − Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Settlement − Accesses the settlement window.

Field Information

Field Name: CASE NO.

Description – System assigned number

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CLERK ID

Description – Identification number of the clerk who last entered or updated the case

Format – Four character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: RID NO.

Description – Recipient's identification number assigned by ICES

Format – 12 character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: NAME

Description – The last name, first name and middle initial of the recipient

Format – 27-character alphanumeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: TORTFEASOR NUMBER

Description – Unique number for each tortfeasor

Format – Eight character numeric

Features – Enter number on a new action only, otherwise it is protected and populated from the attorney database.

Edits – 7118–More than one match found for selected item!

To Correct Edit 7118 – Two or more tortfeasors with the same name. Access the Tortfeasor/Case X-Ref window to select the correct tortfeasor.

Edits – 91024–No Match Found!

To Correct Edit 91024 – Click **OK** to enter new Tortfeasor information.

Field Name: TORTFEASOR PHONE

Description – Phone number of the third party

Format – 10 character numeric

Features – Protected and populated by the Tortfeasor database. If none available, then click **New** to add phone number.

Edits – None

To Correct – N/A

Field Name: TORTFEASOR CAUSE

Description – Cause number

Format – 15 character numeric

Features – None.

Edits – None

To Correct – N/A

Field Name: TORTFEASOR NAME

Description – The last name, first name and middle initial of the tortfeasor

Format – 27-character alphanumeric

Features – None

Edits – 7118–More than one match found for selected item!

To Correct Edit 7118 – Two or more tortfeasors with the same name. Access the Tortfeasor/Case X-Ref window to select the correct tortfeasor.

Edits – 91024–No Match Found!

To Correct Edit 91024 – Click **OK** to enter new tortfeasor information.

Field Name: TORTFEASOR ADDRESS

Description – Tortfeasor address. Two lines are provided for the address.

Format – 32-character alphanumeric

Features – Protected and populated by the Tortfeasor database. If not available, then click **New** to add address.

Edits – None

To Correct – N/A

Field Name: CITY

Description – Liable third party's city

Format – 15-character alphanumeric

Features – Protected and populated by the tortfeasor database. If not, click **New** to add city.

Edits – None

To Correct – N/A

Field Name: STATE

Description – State abbreviation

Format – Two-character alpha

Features – Protected and populated by the tortfeasor database. If not, click **New** to enter state.

Edits – None

To Correct – N/A

Field Name: ZIP CODE

Description – Zip code

Format – Nine character numeric

Features – Protected and populated in the tortfeasor database. If not, click **New** to add zip code.

Edits – None

To Correct – N/A

Field Name: ATTORNEY NUMBER

Description – Attorney number assigned by the system

Format – Eight character numeric

Features – Click **Save** to populate the protected attorney number if it is in the attorney database. If it is not in the attorney database, double-click this field to access the Case Tracking Attorney window where the number can be entered. After the number is entered, click **Save** and **Exit** to return to this window. Click **Save** to populate the attorney number.

Edits – 7119–Must save before selecting Attorney.

To Correct Edit 7119 – Click **Save** to access the Attorney Search window or to populate the attorney information from the database.

Edits – 91024–No Attorney Match Found!

To Correct Edit 91024 – Click **OK** on this error message to access the Attorney Search window to search for the correct attorney number.

Field Name: ATTORNEY PHONE

Description – Phone number of the attorney

Format – 10 character numeric

Features – Click **Save** to populate the protected attorney phone number if it is in the attorney database. If it is not in the attorney database, double-click this field to access the Case Tracking Attorney window where the number can be entered. After the number is entered, click **Save** and **Exit** to return to this window. Click **Save** to populate the attorney phone number.

Edits – None

To Correct – N/A

Field Name: ATTORNEY FAX

Description – Fax number of the attorney

Format – 10 character numeric

Features – Click **Save** to populate the protected attorney fax number if it is in the attorney database. If it is not in the attorney database, double-click this field to access the Case Tracking Attorney window where the number can be entered. After the number is entered, click **Save** and **Exit** to return to this window. Click **Save** to populate the fax phone number.

Edits – None

To Correct – N/A

Field Name: ATTORNEY NAME

Description – Recipient's attorney last name, first name and middle initial

Format – 27-character alphanumeric

Features – Click **Save** to populate the protected attorney name if it is in the attorney database. If it is not in the attorney database, double-click this field to access the Case Tracking Attorney window where the number can be entered. After the number is entered, click **Save** and **Exit** to return to this window. Click **Save** to populate the attorney name.

Edits – 7116–Attorney is already associated to this case

To Correct Edit 7116 – The attorney entered is associated to this case by being the tortfeasor attorney. Verify recipient's attorney and re-enter.

Edits – 7118–More than one match found for selected item!

To Correct Edit 7118 – Two or more attorneys with the same name. Access the Attorney Search window to select correct attorney for this recipient.

Edits – 7119–Must save before selecting attorney.

To Correct Edit 7119 – Click **Save** to access the Attorney Search window or to populate the attorney information from the database.

Edits – 91024–No Match Found!

To Correct Edit 91024 – Click **OK** on this error message to access the Attorney Search window to search for the correct attorney number.

Field Name: ATTORNEY ADDRESS

Description – Address of the attorney. Two lines are provided for the address

Format – 32-character alphanumeric

Features – Protected and populated by the attorney database. If none available, click **New** to add address.

Edits – None

To Correct – N/A

Field Name: CITY

Description – City of the attorney

Format – 15-character alphanumeric

Features – Protected and populated in the attorney database. If not available, click **New** to add city.

Edits – None

To Correct – N/A

Field Name: STATE

Description – State abbreviation

Format – Two-character alpha

Features – Protected and populated in the attorney database. If not available, click **New** to add state.

Edits – None

To Correct – N/A

Field Name: ZIP

Description – Attorney zip code.

Format – Nine character numeric

Features – Protected and populated in the attorney database. If not available, click **New** to add zip code

Edits – None

To Correct – N/A

Field Name: ATTORNEY CONTACT

Description –Name of the attorney contact person.

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: INS AGENT NO.

Description – Unique system assigned number for each insurance agent

Format – Eight character numeric

Features – Click **Save** to populate the protected insurance agent number if it is in the insurance agent database. If it is not in the insurance agent database, double-click this field to access the Insurance Agent Base window where the name can be entered. After the information is entered, click **Save** and **Exit** to return to this window. Click **Save** to populate the newly entered agent number.

Edits – 7117–Insurance agent is already associated to this case

To Correct Edit 7117 – The insurance agent entered is already associated to this case by being the tortfeasor insurance agent. Verify recipient's insurance agent and re-enter number.

Edits – 7118–More than one match found for selected item!

To Correct Edit 7118 – Two or more insurance agents with the same name. Access the Insurance Agent Base window to select the correct insurance agent for this recipient.

Edits – 7120–Must save before selecting Insurance Agent

To Correct Edit 7120 – Click **Save** to access the Insurance Agent Base window or to populate the insurance agent information from the database.

Edits – 91024–No Insurance Agent Match Found!

To Correct Edit 91024 – Click **OK** on this error message to access the Insurance Agent Search window to search for the correct insurance agent number, or add a new insurance agent to the system to generate a new number.

Field Name: INS AGENT PHONE

Description – Insurance agents phone number

Format – 10 character numeric

Features – Click **Save** to populate the protected number if it is in the insurance agent database. If it is not in the insurance agent database, double-click this field to access the Insurance Agent base window where the number can be entered. After the phone number is entered, click **Save** and **Exit** to return to this window. Click **Save** to populate the newly entered phone number.

Click **Save** to populate the protected number from the insurance agent database. If it is not in the database, double-click this field to access the Insurance Agent base window, where the number can be entered. After the phone number is entered, click **Save** and **Exit** to return to this field. Click **Save** to populate the newly entered phone number.

Edits – None

To Correct – N/A

Field Name: INS AGENT FAX

Description – Insurance agents fax number

Format – 10 character numeric

Features – Click **Save** to populate the protected number if it is in the insurance agent database. If it is not in the insurance agent database, double-click this field to access the Insurance Agent base window where the number can be entered. After the fax number is entered, click **Save** and **Exit** to return to this window. Click **Save** to populate the newly entered fax number.

Click **Save** to populate the protected number from the insurance agent database. If it is not in the database, double-click this field to access the Insurance Agent base window, where the number can be entered. After the fax number is entered, click **Save** and **Exit** to return to this field. Click **Save** to populate the newly entered fax number.

Edits – None

To Correct – N/A

Field Name: INS AGENT NAME

Description – Insurance agent's last name, first name and middle initial

Format – 27-character alphanumeric

Features – Double-click on a saved insurance agent to access the Case Tracking Insurance Agent window.

Edits – 7117–Insurance agent is already associated to this case

To Correct Edit 7117 – The insurance agent entered is associated to this case by being the tortfeasor insurance agent. Verify recipient's insurance agent and re-enter number.

Edits – 7118–More than one match found for selected item!

To Correct Edit 7118 – Two or more insurance agents with the same name. Access the Insurance Agent Base window to select correct insurance agent for this recipient.

Edits – 7120–Must save before selecting Insurance Agent

To Correct Edit 7120 – Click **Save** to access the Insurance Agent Base window or to populate the insurance agent information from the database.

Edits – 91024–No Match Found!

To Correct Edit 91024 – Click **OK** on this error message to access the Insurance Agent Search window to search for the correct insurance agent number or add a new insurance agent to the system to generate a new number.

Field Name: INS COMPANY NAME

Description – Name of insurance company

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: INS AGENT ADDRESS

Description – Address of the insurance agent. Two lines are provided for the address

Format – 32-character alphanumeric

Features – Protected and populated by the insurance agent database. If not available, click **New** to add insurance address.

Edits – None

To Correct – N/A

Field Name: CITY

Description – City name

Format – 32-character alphanumeric

Features – Protected and populated by the insurance agent database. If not available, click **New** to add city.

Edits – None

To Correct – N/A

Field Name: STATE

Description – State abbreviation

Format – Two-character alpha

Features – Protected and populated by the insurance agent database. If not available, click **New** to add state.

Edits – None

To Correct – N/A

Field Name: ZIP CODE

Description – Zip code

Format – Nine character numeric

Features – Protected and populated by the insurance agent database. If not available, click **New** to add zip code.

Edits – None

To Correct – N/A

Field Name: ZIP CODE

Description – Optional zip code.

Format – Four character numeric

Features – Protected and populated by the insurance agent database. If not available, click **New** to add zip code.

Edits – None

To Correct – N/A

Field Name: POLICY/CLAIM NO.

Description – Recipient's claim or policy number related to the accident

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_TORT_INFO

Menu – M_BASE_MAINT_SIMPLE

Data Windows – DW_TPL_CAS_TORT_INFO

DW_TPL_CAS_ATTY_INFO

DW_TPL_CAS_IAGT_INFO

System Features

Click **New** to clear the screen to enter new tortfeasor information.

Click **Save** to save the currently displayed tortfeasor information.

Click **Exit** to exit this window.

Section 47: Case Settlement List Window

Introduction

IFSSA and EDS use this window to select the tortfeasor associated with a particular settlement. A casualty case can have many tortfeasors and consequently many settlements. Therefore it is necessary to associate the correct settlement with the correct tortfeasor. Click **Case Settlement** or **Alt+S** to access this window through the Case Tracking Base window under Options.

Figure 47.1 − Case Settlement List Window

Case Settlement List			
File	Edit	Applications	Options
New		Adhoc Reporting	
Select		Claims	
Print		Financial	
Exit		Managed Care	
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 47.2 − Case Settlement List Window Menu Tree

Figure 47.2 is an illustration of a menu tree for the Case Settlement List window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Case Settlement List window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Case Tracking Settlement window and save data under the Case Tracking Settlement window.

New − Allows entry of new settlement information

Select − Selects the information currently displayed on the window.

Print − Prints the information currently displayed on the window.

Exit − Closes the window.

*Exit Indiana*AIM *−* Exits Indiana*AIM.*

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: CASE NO.

Description – System assigned number

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CASE STATUS

Description – Case classification

Format – 32-character alpha. Valid values are as follows:

1. Closed–Full amount minus attny. fee
2. Closed–Full amount
3. Closed–Partial recovery minus attny. fees
4. Closed–No recovery
5. No further pursuit

   6. Open
   7. Intake
   8. In compromise
   9. Lead review
  10. Partial recovery no fees

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CASE TOTAL

Description – Total amount of the case expenditures

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: RID NO.

Description – Recipient identification number assigned by ICES

Format – 12 character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: RECIPIENT NAME

Description – Recipient last name, first name, middle initial

Format – 27-character alphanumeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CLERK ID

Description – Unique identification clerk ID number

Format – Seven-character alphanumeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: TORTFEASOR NO.

Description – Unique number for each tortfeasor

Format – Eight character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: TORTFEASOR NAME

Description – Last name, first name, and middle initial of the tortfeasor

Format – 27-character alphanumeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: SETTLEMENT AMOUNT

Description – The recipient's attorney's agreed upon dollar settlement amount.

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: SETTLEMENT DATE

Description – The date the settlement was entered into the Case Tracking Settlement window.

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CCN

Description – Cash control number

Format – 11 character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CHECK AMOUNT

Description – Amount of the check received by the finance area

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

System Information

System Features

Click **New** to go to the Tortfeasor Select window to enter settlement information on a new tortfeasor.

Click **Select** to access the Casualty Case Settlement window.

Click **Exit** to exit this window.

Section 48: Case Tracking Settlement Window

Introduction

IFSSA and EDS enter all required information used in calculating an attorney's pro rata share of expenses when closing a casualty case. Click **Tortfeasor Information** under Options on the Case Tracking Base window to access this window. On the Tortfeasor window, click **Settlement** under Options, or **Alt+S.**

Figure 48.1 − Case Tracking Settlement Window

Case Tracking Settlement			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Calculate
Save	Paste	Claims	Expenditure
			Payee
			Selection
Print	Cut	Financial	
Exit		Managed Care	
Audit		MARS	
Exit Indiana*AIM*		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 48.2 – Case Tracking Settlement Window Menu Tree

Figure 48.2 is an illustration of a menu tree for the Case Tracking Settlement window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Case Tracking Settlement window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Case Tracking Settlement window and save data under the Tortfeasor Info window.

New – Allows the entry of new settlement information

Save – Saves the information displayed on the window.

Print – Prints the window.

Exit – Closes the window.

Audit – Provides an audit trail of adds and updates.

*Exit Indiana*AIM − Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Calculate − Calculates the net amount due to IHCP.

Expenditure Payee Selection – Accesses the Expenditure Maintenance screen.

Field Information

Field Name: CASE NO.

Description – System assigned number

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CASE STATUS

Description – Case classification

Format – 32-character alpha. Valid values are as follows:
 1. Closed–Full amount minus attny. fee
 2. Closed–Full amount
 3. Closed–Partial recovery minus attny. fees
 4. Closed–No recovery
 5. No further pursuit
 6. Open
 7. Intake
 8. In compromise
 9. Lead review
10. Partial recovery no fees

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: RID NO.

Description – Recipient identification number assigned by ICES

Format – 12 character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: RECIPIENT NAME

Description – Recipient's last name, first name, middle initial

Format – 27-character alphanumeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: TORTFEASOR NO.

Description – Unique number for each tortfeasor

Format – Eight character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: TORTFEASOR NAME

Description – Last name, first name, and middle initial of the tortfeasor

Format – 27-character alphanumeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CASE TOTAL

Description – Total amount of the case expenditures

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CCN

Description – Cash control number

Format – 11 character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CHECK AMOUNT

Description – Amount of the check received by the finance area.

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CASE TOTAL

Description – Total amount of the case expenditures

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: ATTY AMOUNT FEE

Description – Total amount of the attorney fee populated from the Attorney Info window.

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CASE SETTLEMENT

Description – The recipient attorney's agreed upon dollar settlement amount

Format – Nine character numeric

Features – None

Edits – 91029–Must be numeric

To Correct – Verify dollar amount. Must be nine numeric characters

Field Name: TOTAL SETTLEMENT

Description – The recipient's attorney's agreed upon dollar settlement amount

Format – Nine character numeric

Features – None

Edits – 91029–Must be numeric

To Correct – Verify dollar amount. Must be nine numeric characters

Field Name: RECOVERY PERCENT

Description – Case total amount divided by the total settlement amount. System calculates this figure.

Format – Three character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: ATTY EXPENSE AMOUNT

Description – Total expenses incurred by the attorney for the specific casualty case.

Format – Nine character numeric

Features – None

Edits – 91029–Must be numeric

To Correct – Verify dollar amount. Must be nine numeric characters

Field Name: PRO-RATA SHARE OF EXPS

Description – Total percentage of expenses paid by Indiana Health Coverage Programs – System calculated

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: TOTAL DUE ATTY

Description – Attorney fees plus pro-rata share of expenses paid by Indiana Health Coverage Programs. – System calculated.

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: NET DUE

Description – The difference between the check amount and the total due attorney – System calculated

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: EXPENDITURE ID

Description – The identification number from the expenditure window in finance.

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_SETTLE

Menu – M_BASE_MAINT_SIMPLE

Data Windows – DW_TPL_CAS_SETTLE

DW_TPL_CAS_TORT_SETL

DW_TPL_CAS_CASE_HEADER_2

System Features

Click **Save** to save the currently displayed settlement amount information.

Click **Calculate** to the net amount due IHCP.

Click **New** to clear the screen to enter a case number.

Click **Exit** to exit this window.

<div align="right">

Section 49: Insurance Agent Search Window

</div>

Introduction

IFSSA and EDS use the Insurance Agent Search window to search for Insurance agents. Enter the insurance agent number, insurance agent name, insurance company, or a combination of the three fields to view the insurance agent in the database. Click Insurance Agent or Alt+I to access this window through the Casualty Case Main Menu.

Figure 49.1 − Insurance Agent Search Window

Insurance Agent Search			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Search
Select	Paste	Claims	Reset Limits
Print	Cut	Financial	Sort
Exit		Managed Care	
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 49.2 Insurance Agent Search Window Menu Tree

Figure 49.2 is an illustration of a menu tree for the Insurance Agent Search window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Insurance Agent Search window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Insurance Agent Search window and save data under the Insurance Agent Search window.

New − Allows the entry of search criteria for an insurance agent

Select − Selects the displayed insurance agent.

Print − Prints the window.

Exit − Closes the window.

*Exit Indiana*AIM − Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy – Copies text from one area or application to another.

Paste – Pastes text copied from another area within the TPL functional area.

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection Options

Search – Searches and displays an insurance agent matching the search criteria entered.

Reset Limits – Clears search fields to re-enter the search criteria.

Sort – Determines how the displayed information is sorted.

Field Information

Field Name: INS AGENT NUMBER

Description – System assigned identification number for an insurance agent.

Format – Eight character numeric

Features – None

Edits – 91011–Record not found–please try again!

To Correct Edit 91011 – Verify and re-enter number or click **New** to add a new insurance agent.

Edits – 91056–Please enter at least one search field!

To Correct Edit 91056 – Insurance agent number, name or insurance company name must be entered if **Search** is clicked.

Field Name: INS AGENT NAME

Description – The last name of the insurance agent.

Format – 26-character alphanumeric

Features – None

Edits – 91011–Record not found–please try again!

To Correct Edit 91011 – Verify and re-enter number or click **New** to add a new insurance agent.

Edits – 91056–Please enter at least one search field!

To Correct Edit 91056 – Insurance agent number, name or insurance company name must be entered if **Search** is clicked**.**

Field Name: INS COMPANY

Description – Name of liable third party's insurance company.

Format – 32-character alphanumeric

Features – None

Edits – 91011–Record not found–please try again!

To Correct Edit 91011 – Verify and re-enter number or click **New** to add a new insurance agent.

Edits – 91056–Please enter at least one search field!

To Correct Edit 91056 – Insurance agent number, name or insurance company name must be entered if **Search** is clicked**.**

Field Name: AGENT NUMBER

Description – Agent system-assigned identification number

Format – Eight character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: INS AGENT NAME

Description – The last and first name of the insurance agent

Format – 26-character alphanumeric

Features – Protected – Display only

Edits – None

To Correct – N/A

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_IAGT_SEARCH

Menu – M_BASE_LIST_SEARCH

Data Windows – DW_TPL_CAS_IAGT_SEARCH

System Features

Click **Search** to search for the entered information.

Click **New** to display the Insurance Agent Base screen to add a new insurance agent.

Click **Select** to display the Insurance Agent Base screen with the selected insurance agent.

Click **Exit** to exit this window.

Double-click to display the Insurance Agent Base screen with the selected insurance agent name.

Section 50: Insurance Agent Base Window

Introduction

IFSSA and EDS use the Insurance Agent Base window to add, update and view information on a certain insurance agent or insurance company. Click **New** or **Select,** or **Alt**+**N** or **Alt**+**S** to access this window through the Insurance Agent Search window.

Figure 50.1 − Insurance Agent Base Window

Insurance Agent Base			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Claims	
Print	Cut	Financial	
Exit		Managed Care	
Audit		MARS	
Exit Indiana*AIM*		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 50.2 – Insurance Agent Base Window Menu Tree

Figure 50.2 is an illustration of a menu tree for the Insurance Agent Base window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Insurance Agent Base window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Insurance Agent Base window and save data under the Insurance Agent Base window.

New – Allows entry of new insurance agent information

Save – Saves the information currently displayed on the window.

Print – Prints the window.

Exit – Closes the window.

Audit – Provides an audit trail of adds and updates.

*Exit Indiana*AIM − Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection Options

Inquire − Inquires about a new insurance agent.

Field Information

Field Name: INS AGENT NUMBER

Description − System-assigned identification number for an insurance agent

Format − Eight character numeric

Features – System assigned

Edits – 91029–Must be numeric!

To Correct – Numeric characters must be entered

Field Name: PH

Description – Insurance agent's phone number

Format – 10 character numeric

Features – None

Edits – 91029–Must be numeric!

To Correct Edit 91029 – Numeric characters must be entered.

Edits – 91061–Phone Number must be 10 digits!

To Correct Edit 91061 – Verify and enter 10 numeric characters.

Field Name: FAX

Description – Insurance agent's fax number

Format – 10 character numeric

Features – None

Edits – 91029–Must be numeric!

To Correct Edit 91029 – Numeric characters must be entered.

Edits – 91061–Fax Number must be 10 digits!

To Correct Edit 91061 – Verify and enter 10 numeric characters

Field Name: COMPANY NAME

Description – Name of liable third party's insurance company.

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: INS AGENT NAME

Description – The last name, first name, and middle initial of the insurance agent.

Format – 27-character alphanumeric

Features – None

Edits – 91037–Field is required!

To Correct – Insurance agent's last name must be entered.

Field Name: INS AGENT ADDRESS

Description – Address of the insurance company. Two lines are provided for the address.

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: CITY

Description – City name

Format – 32-character alphanumeric

Features – None

Edits – None

To Correct – N/A

Field Name: STATE

Description – State abbreviation

Format – Two-character alpha

Features – None

Edits – 91036–Invalid State code!

To Correct – Verify and re-enter correct state abbreviation.

Field Name: ZIP CODE

Description – Zip code

Format – Five character numeric

Features – None

Edits – 91029–Must be numeric!

To Correct Edit 91029 – Verify and enter numeric characters.

Edits – 7046–Zip code must be 5 digits!

To Correct Edit 7046 – Verify and enter five numeric characters.

Field Name: ZIP CODE

Description – Optional zip code

Format – Four character numeric

Features – None

Edits – 91029–Must be numeric!

To Correct Edit 91029 – Verify and enter numeric characters.

Edits – 7059–Zip Code + 4 must be 4 digits.

To Correct Edit 7059 – Verify and enter four numeric characters.

Field Name: NEXT INS AGENT NUMBER

Description – The next insurance agent number for inquiry.

Format – Eight character numeric

Features – None

Edits – 91024–No match found!

To Correct Edit 91024 – Insurance agent number does not exist on the database. Verify number. If correct, click **New** to add a new insurance agent.

Edits – 91029–Must be numeric!

To Correct Edit 91029 – Enter eight numeric characters.

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_IAGT_BASE

Menu – M_BASE_MAINT

Data Windows – DW_TPL_CAS_IAGT_BASE

System Features

Click **New** to clear the screen to enter a new insurance agent.

Click **Save** to save the currently displayed insurance agent information.

Click **Exit** to exit this window.

Click **Inquire** to inquire about the insurance agent number entered in the Next Insurance Agent Number field.

Section 51: New Letters Window

Introduction

EDS analysts use the New Letter window to generate the appropriate letter to the appropriate party. Click **New Letter** or **Alt+L** to access this window through the Case Tracking Base window.

Figure 51.1 New Letters Window

New Letters			
File	Edit	Applications	Options
Exit		Adhoc Reporting	
Print		Claims	
Exit Indiana*AIM*		Financial	
		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 51.2 – New Letters Window Menu Tree

Figure 51.2 is an illustration of a menu tree for the New Letters window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the New Letters window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the New Letters window and save data under the New Letters window.

Print – Prints the window.

Exit – Closes the window.

*Exit Indiana*AIM *–* Exits Indiana*AIM.*

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: CASE NO.

Description – System-assigned number

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CLERK ID

Description – The identification number of the clerk who last entered or updated the case.

Format – Four character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: RID NO.

Description – Recipient's identification number assigned by ICES

Format – 12 character numeric

Features – Protected

Edits – None

To Correct – N/A

Field Name: NAME

Description – The last name, first name, and middle initial of the recipient.

Format – 27-character alphanumeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: SEND TO NAME

Description – Name of party to whom the letter is being sent.

Format – 32-character alphanumeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: LETTER TYPE

Description – List of letters to send to the appropriate party.

Format – 32-character alphanumeric

Features – Protected − Scroll list includes:
 1. A1 − Amended – Recipient/tortfeasor
 2. A2 − Amended – Attorney/insurance
 3. C1 − Claims – Paid
 4. C2 − Claims – Zero
 5. K1 − Cw – Case not pursued
 6. K2 − Cw – Need casualty report
 7. K3 − Cw – Need addl information
 8. L1 − Notice lien
 9. L2 − Amended lien
10. L3 − Release of lien
11. M1 − MP – Recipient
12. M2 − MP – Recipient attorney
13. M3 − MP – Tortfeasor/provider
14. M4 − MP – Tortfeasor/provider insurance

15. M5 – MP – Patient comp. fund
16. M6 – MP – Plaintiff lead
17. N1 – Notice – Recipient – No attny
18. N2 – Notice – Recipient – With attny
19. N3 – Notice – Recipient's attorney
20. N4 – Notice – Tortfeasor
21. N5 – Notice – Tortfeasor Attorney
22. N6 – Notice – Tortfeasor insurance
23. N7 – Notice – Caseworker
24. O1 – Attorney fees – 25%
25. O2 – Attorney fees – 33% 1/3%
26. O3 – Check received/case closed
27. R1 – Medical authorization
28. S1 – Status – A.G. referral
29. S2 – Status – Addl. expenses
30. S3 – Status
31. W1 – WC insurance co.
32. W2 – WC tortfeasor/employer
33. W3 –WC recipient
34. W4 – WC recipient's attorney
35. W5 – WC industrial board
36. W6 – WC tortfeasor/employer attorney

Edits – None

To Correct – N/A

Field Name: PRINT IN BATCH

Description – Place **X** in box to print letter in batch cycle. If no **X** is entered, the letter prints immediately.

Format – **X** in box or leave box blank

Features – Selecting this box determines when the letter is printed.

Edits – None

To Correct – N/A

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_LTR_SCR

Menu – M_TPL_CAS_LTR_SCR

Data Windows – DW_TPL_CAS_CASE_HEADER

DW_TPL_CAS_LTR_SCR_SEND

DW_TPL_CAS_LTR_SCR_LTR

System Features

Click **Exit** to exit this window.

Click the **OK** to print the selected letter immediately or schedule it for batch cycle.

Section 52: Letter History Window

Introduction

EDS analysts use the Letter History window to inquire about the type of letter sent, to whom it was sent, and the date it was sent. Click **Letter History** or **Alt+H** to access this window through the Case Tracking Base window under Options.

Figure 52.1 − Letter History Window

Letter History			
File	Edit	Applications	Options
Exit		Adhoc Reporting	
Print		Claims	
Exit Indiana*AIM*		Financial	
		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 52.2 – Letter History Window Menu Tree

Figure 52.2 is an illustration of a menu tree for the Letter History window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Letter History window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Letter History window and save data under the Letter History window.

Exit – Closes the window.

Print – Prints the window.

*Exit Indiana*AIM – Exits Indiana*AIM.*

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting – Click to access the Adhoc Reporting Menu

Claims – Click to access the Claims Main Menu

Financial – Click to access the Financial Main Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Main Menu

Provider – Click to access the Provider Main Menu

Recipient – Click to access the Recipient Search Menu

Reference – Click to access the Reference Main Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: CASE NO.

Description –System assigned case number

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CLERK ID

Description – Unique assigned number

Format – Four character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: RID NO.

Description – Recipient identification number assigned by ICES

Format – 12 character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: NAME

Description – Recipient's last name

Format – 32-character alphanumeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: NAME

Description – Name of party to whom the letter was sent

Format – 32-character alphanumeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: DATE SENT

Description – Date the letter was sent to the appropriate party.

Format – Eight character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: LETTER TYPE

Description – Type of letter sent to the appropriate party.

Format – Two-character alphanumeric

Features – Protected – Display only

Edits – None

To Correct – N/A

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_LTR_HIS

Menu – M_BASE_INQUIRY

Data Windows – DW_TPL_CAS_LTR_HIS

DW_TPL_CAS_HEADER

System Features

Click **Exit** to exit this window.

Section 53: Casualty Batch Letters Window

Introduction

EDS analysts use the Casualty Batch Letters window to inquire about the letters to be printed in batch mode. Generate letters through this screen. Click **Letters** or **Alt**+**L** to access this window through the Casualty Case Main Menu.

Figure 53.1 Casualty Batch Letters Window

Casualty Batch Letters			
File	**Edit**	**Applications**	**Options**
Print All		Adhoc Reporting	
Print		Claims	
Exit		Financial	
Exit Indiana*AIM*		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 53.2 – Casualty Batch Letters Window Menu Tree

Figure 53.2 is an illustration of a menu tree for the Casualty Batch Letters window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Casualty Batch Letters window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Casualty Batch Letter window and save data under the Casualty Batch Letter window.

Print All – Prints all letters displayed.

Print – Prints a selected letter.

Exit – Closes the window.

*Exit Indiana*AIM – Exits Indiana*AIM*.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Field Information

Field Name: CASE NO.

Description – Unique assigned case number

Format – Eight character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: NAME

Description – Name of party to whom the letter is being sent.

Format – 32-character alphanumeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: DATE REQUESTED

Description – Request date to send the letter to the appropriate party

Format – Eight character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: LETTER TYPE

Description – Type of letter sent to the appropriate party

Format – 32-character alphanumeric

Features – Protected – Display only

Edits – None

To Correct – N/A

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_LTR_BATCH

Menu – M_TPL_CAS_LTR_BATCH

Data Windows – DW_TPL_CAS_LTR_BATCH

System Features

Click **Exit** to exit the window

Click **Print** to print the selected letter immediately.

Click **Print All** to print all displayed letters immediately.

Section 54: Case Tracking Claim Extracts Window

Introduction

IFSSA and EDS are able to limit the claims history in order to determine what claims are related to a specific accident. Use the Case Tracking Claims Extracts window to do this. Enter any displayed search criteria along with a valid RID number to expedite the claims research process. The three available search options are: all claims, only fee for service, or only shadow claims. Enter the search criteria and click **Search.** The claims the meet the criteria will appear in the bottom half of the window. The sort criteria are automatically set unless alternately specified. Click **Claim Extraction** or **Alt**+**E** to access this window through the Case Tracking Base window. Claims history is maintained in the system for three years.

Figure 54.1 Case Tracking Claim Extracts Window

Case Tracking Claim Extracts			
File	Edit	Applications	Options
Select	Copy	Adhoc Reporting	Search
Print	Paste	Claims	Reset Limits
Exit	Cut	Financial	Sort
Exit Indiana*AIM*		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 54.2 Case Tracking Claim Extracts Window Menu Tree

Figure 54.2 is an illustration of a menu tree for the Case Tracking Claim Extracts window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Case Tracking Claim Extracts window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Case Tracking Claim Extracts window and save data under Case Tracking Claim Extracts window.

Select − Selects the displayed claim

Print – Prints the window.

Exit − Closes the window.

*Exit Indiana*AIM − Exits Indiana*AIM*.

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection Options

Search − Searches and displays an insurance agent matching the search criteria entered.

Reset Limits − Clears search fields to re-enter the search criteria.

Sort − Determines how the displayed information is sorted.

Field Information

Field Name: CASE NO.

Description – System assigned number)

Format –Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: Clerk ID

Description – The identification number of the clerk who last entered or updated the case.

Format – Four character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: RID NO.

Description – Recipient's identification number assigned by ICES

Format – 12 character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: NAME

Description – Last name, first name, and middle initial of the recipient

Format – 27-character alphanumeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: ICN

Description – Internal control number assigned to each claim to track activity through the claim process

Format – 13 character numeric

Features – None

Edits – None

To Correct – N/A

Field Name: PROVIDER

Description – Assigned number of the Medical provider administering the service.

Format – Nine-character alphanumeric

Features – None

Edits – 5093–Provider ID must be 9 characters

To Correct – Verify number and re-enter nine characters

Field Name: RECIPIENT

Description – Recipient's identification number assigned by ICES

Format – 12 character numeric

Features – None

Edits – None

To Correct – N/A

Field Name: STATUS

Description – Claim status. For purposes of casualty case reviews, select only paid claims

Format – Dropdown box. Valid values are:
1. (blank) or spaces (means all statuses)
2. CCF
3. Denied
4. Reject
5. Paid
6. Suspended

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: CLAIM TYPE

Description – Type of claim

Format – Dropdown box

Features – Valid values are:
1. (blank) or spaces (means all statuses)
2. HCFA Xover
3. Inpt Xover

    4. Output Xover
    5. Dental
    6. Financial
    7. Home Hlth
    8. Inpatient
    9. LTC
  10. HCFA 1500
  11. Outpatient
  12. Pharmacy
  13. Compound

Edits – None

To Correct – N/A

Field Name: FDOS

Description – Last date of service for a claim

Format – Eight character numeric (ccyy/mm/dd)

Features – None

Edits – 1001–Invalid Date (CCYY/MM/DD)

To Correct – Verify format of date and re-enter by ccyymmdd

Field Name: TDOS

Description – First date of service for a claim

Format – Eight character numeric (ccyy/mm/dd)

Features – Protected – Display only

Edits – 1001–Invalid Date (CCYY/MM/DD)

To Correct – Verify format of date and re-enter by ccyymmdd

Field Name: PMT DATE

Description – The date the claim was paid

Format – Eight character numeric (ccyy/mm/dd)

Features – None

Edits – 91001–Invalid Date (CCYY/MM/DD)

To Correct – Verify format of date and re-enter by ccyymmdd

Field Name: CLAIM COUNT

Description – The total number of claims meeting the search criteria entered

Format – One character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: TOTAL AMOUNT BILLED

Description – Total billed amount of all claims that meet the search criteria

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: ICN

Description – Internal control number assigned to each claim to track activity through the claim process

Format – 13 character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: RID NO.

Description – Recipient's identification number assigned by ICES

Format – 12 character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: FDOS

Description – Last date of service for a claim

Format – Eight character numeric (ccyy/mm/dd)

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: TDOS

Description – First date of service for a claim

Format – Eight character numeric (ccyy/mm/dd)

Features – Protected – Display only

Edits – None

To Correct – N/A

Field Name: AMT BILLED

Description – Total billed amount of all claims that meet the search criteria

Format – Nine character numeric

Features – Protected – Display only

Edits – None

To Correct – N/A

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_CLM_EXT

Menu – M_TPL_CAS_CLAIM_EXT

Data Window – DW_TPL_CAS_CLM_EXT_LIST_DOS

DW_TPL_CAS_CLM_EXT

DW_TPL_CAS_CASE_HEADER

System Features

Click **Search** to search for the claims that meet the criteria entered.

Click **Add to Case** to add the claim to the case.

Click **Select** to see the claim detail.

Click **Exit** to exit this window.

Section 55: Case Tracking Claims Summary Window

Introduction

IFSSA and EDS use the Case Tracking Claims Summary window to inquire about the itemized list of claims related to a specific casualty case. Additionally, use this window to print claims for an established casualty case. Click **Claim Summary** or **Alt+C** to access this window through the Base window under Options.

Figure 55.1 − Case Tracking Claims Summary Window

Case Tracking Claims Summary	
File	Applications
Delete	Adhoc Reporting
Select	Claims
Exit	Financial
Exit Indiana*AIM*	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 55.2 – Case Tracking Claims Summary Window Menu Tree

Figure 55.2 is an illustration of a menu tree for the Case Tracking Claims Summary window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Case Tracking Claims Summary window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press the desired key.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Case Tracking Summary window and save data under Case Tracking Summary window.

Delete – Deletes the highlighted claim.

Select – Selects the highlighted claim.

Exit – Closes the window.

*Exit Indiana*AIM – Exits Indiana*AIM.*

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Field Information

Field Name: CASE NO.

Description – System assigned *Format* – Nine character numeric

Features – Display only

Edits – None

To Correct – N/A

Field Name: CLERK ID

Description – Unique number used by each casualty specialist.

Format – Four-character alphanumeric

Features – Display only

Edits – None

To Correct – N/A

Field Name: RID NO

Description – Recipient's identification number assigned by ICES

Format – 12 character numeric

Features – Display only

Edits – None

To Correct – N/A

Field Name: NAME

Description –Recipient's last name, first name and middle initial

Format – 32-character alphanumeric

Features – Display only

Edits – None

To Correct – N/A

Field Name: CASE TOTALS:CLAIMS

Description – Total of all claims associated with the casualty case

Format – Nine character numeric

Features – Display only

Edits – None

To Correct – N/A

Field Name: CASE TOTALS:AMOUNT PAID

Description – Total of all claims associated with the casualty case

Format – Nine character numeric

Features – Display only

Edits – None

To Correct – N/A

Field Name: ICN

Description – Internal control number assigned to each claim to track activity through the claim process.

Format – 13 character numeric

Features – Display only

Edits – None

To Correct – N/A

Field Name: F DOS

Description – First date of service on the claim

Format – Eight character numeric (ccyy/mm/dd)

Features – Display only

Edits – None

To Correct – N/A

Field Name: FDOS

Description – Last date of service on the claim

Format – Eight character numeric (ccyy/mm/dd)

Features – Display only

Edits – None

To Correct – N/A

Field Name: AMT BILLED

Description – Amount billed on the claim.

Format – Nine character numeric

Features – Display only

Edits – None

To Correct – N/A

Field Name: AMT PAID

Description – Amount paid on the claim.

Format – Nine character numeric

Features – Display only

Edits – None

To Correct – N/A

Field Name: **DATE PAID**

Description – Date the claim paid.

Format – Nine character numeric

Features – Display only

Edits – None

To Correct – N/A

Field Name: **CLAIM TYPE**

Description – Internal control number assigned to each claim to track activity through the claim process.

Format – 13 character numeric

Features – Display only

Edits – None

To Correct – N/A

Field Name: **STATUS**

Description – Status of claim as it is processed through the system.

Format – 8 character numeric

Features – Display only

Edits – None

To Correct – N/A

Field Name: **CODE DIAG**

Description – Primary diagnosis code listed on the claim

Format – Three to five characters alphanumeric

Features – Display only

Edits – None

To Correct – N/A

System Information

PBL – TPL06.PBL

Window – W_TPL_CAS_CLM_HEADER

Menu – M_TPL_CAS_CLM_SUMM

Data Windows – DW_TPL_CAS_CLM_HEADER

DW_TPL_CAS_CLAIM_SUMM_TOT

DW_TPL_CAS_CASE_HEADER

System Features

Click **Claim Facsimile** to create a claim facsimile for the highlighted claim(s).

Click **Select** to access the claim detail window.

Click **Delete** to delete the claim from the case.

Click **Exit** to exit this window.

Section 56: Case Table Maintenance Window

Introduction

IFSSA and EDS use the Case Table Maintenance to add, update, or delete the values and descriptions that are displayed in the dropdown lists in all of the Case Tracking windows. Only authorized users with update privileges can add new information or change existing data. Click **Table Maintenance** or **Alt+M** to access this window through the Casualty Case Main Menu. If a change is made to any case type, case status, or origin code, it is possible that the batch jobs that access these tables must also be modified. A CSR must be written to for the batch changes. Click one of the following to access the desired code and description:

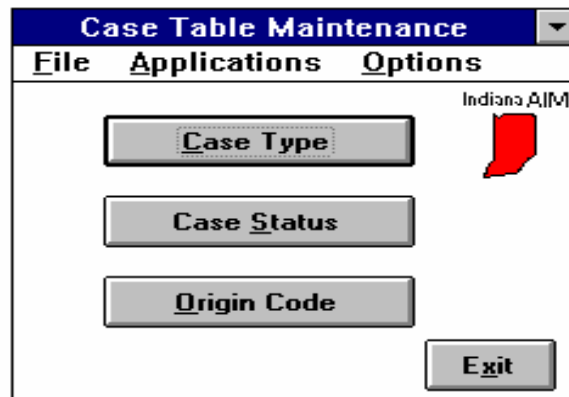1. **Case Type**
2. **Case Status**
3. **Origin Code**

Figure 56.1 − Case Table Maintenance Window

Case Table Maintenance			
File	Edit	Applications	Options
Exit		Adhoc Reporting	Case Type
Exit Indiana*AIM*		Claims	Case Status
		Financial	Origin Code
		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 56.2 – Case Table Maintenance Window Menu Tree

Figure 56.2 is an illustration of a menu tree for the Case Table Maintenance window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Case Table Maintenance window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

1. Click the command or window option title.

2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Case Table Maintenance window and save data under Case Table Maintenance window.

Exit – Closes the window.

*Exit Indiana*AIM – Exits Indiana*AIM.*

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection: Options

Case Type − Accesses the Case Type window.

Case Status − Accesses the Case Status window.

Origin Code − Accesses the Origin Code window.

Field Information

No fields, messages or edits

System Information

PBL − TPL06.PBL

Window − W_TPL_CAS_TABLE_MAIN

Menu −M_TPL_TABLE_MAIN

Data Windows − None.

System Features

Click **Case Type** to display the Case Type window.

Click **Case Status** to display the Case Status window.

Click **Origin Code** to display the Origin Code window.

Click **Exit** to return to the TPL Casualty Case Main Menu

Section 57: Case Type Values Window

Introduction

IFSSA and EDS use the Case Type window to inquire about the current Case Type values and descriptions. Only authorized users with update privileges can add new information or change existing data. Double-click **TPL Case Type** or type **Alt+T** on the Table Maintenance window to access this window in Table Maintenance.
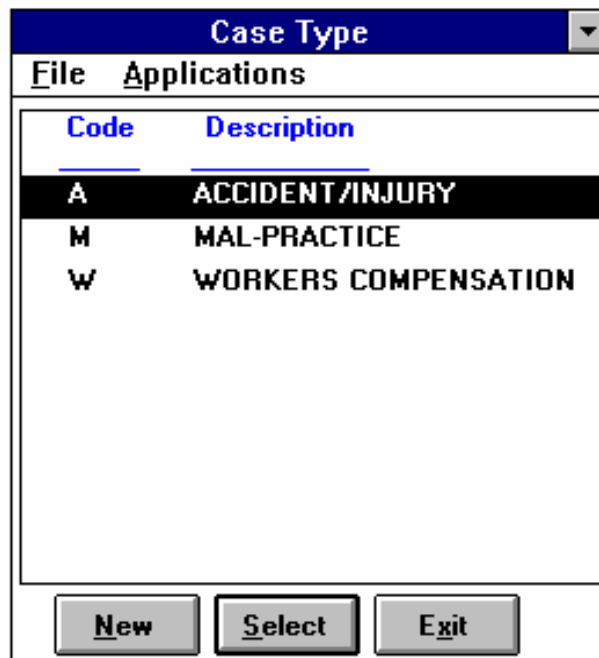
Figure 57.1 Case Type Window

Field Information

Field Name: CODE

Description – Code assigned to a specific case type

Format – N/A

Features – Protected

Edits – None

To Correct – N/A

Field Name: DESCRIPTION

Description – Narrative description of case type

Format – N/A

Features – Protected

Edits – None

To Correct – N/A

• Valid values are as follows:
1. A − Accident/injury
2. M − Mal–practice
3. W − Workers compensation

System Information

PBL − TPL06.PBL

Window − W_TPL_CASE_TYPE_SELECTION

Menu − M_BASE_LIST_RETRIEVE

Data Windows − DW_TPL_CASE_TYPE_SELECTION

System Features

Click **New** to enter a new Case Type code.

Click **Select** to select the Case Type code and display the Case Type window.
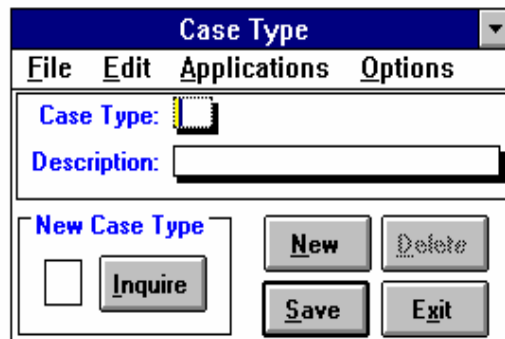
Click **Exit** to exit this screen.

Section 58: Case Type Window

Introduction

IFSSA and EDS use the Case Type window to add, update, or delete the values and descriptions defined for Case Type. Only authorized users with update privileges can add new information or change existing data. To access this window, click **New.** Use the displayed blank screen to add a new case type. Once a selection as been made to add, update, or delete, enter the applicable code and click the desired button.

Figure 58.1 − Case Type Window

Case Type			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquiry
Save	Paste	Claims	
Delete	Cut	Financial	
Print		Managed Care	
Exit		MARS	
Audit		Prior Authorization	
Exit Indiana*AIM*		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 58.2 – Case Type Window Menu Tree

Figure 58.2 is an illustration of a menu tree for the Case Type window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Case Type window.

Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a dropdown list box. If some commands or window options are in gray, they are not available at the time.

To select a command or window option:

 1. Click the command or window option title.

 2. Click the desired option title and a dropdown box appears. Select the desired command. Double-click or select the underscored letter of each command and press **Alt**.

Menu selections Edit and Applications have the same functions on all the Case Tracking windows.

Menu Selection: File

These commands exit the Case Type window and save data under the Case Type window.

New – Allows entry of new case type information

Save – Saves the information currently displayed on the window.

Delete – Deletes the highlighted area.

Print – Prints the window.

Exit – Closes the window.

Audit – Provides an audit trail of adds and updates.

*Exit Indiana*AIM − Exits Indiana*AIM.*

Menu Selection: Edit

Data entered can be adjusted with this window.

Copy − Copies text from one area or application to another.

Paste − Pastes text copied from another area within the TPL functional area.

Cut − Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access all the subsystems available in Indiana*AIM*.

Adhoc Reporting − Click to access the Adhoc Reporting Menu

Claims − Click to access the Claims Main Menu

Financial − Click to access the Financial Main Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Main Menu

Provider − Click to access the Provider Main Menu

Recipient − Click to access the Recipient Search Menu

Reference − Click to access the Reference Main Menu

Security − Click to access the Security Menu

SURS − Click to access the SURS Menu

Third Party Liability − Click to access the TPL Menu

Menu Selection Options

Inquire − Inquires about a new case type.

Field Information

Field Name: CASE TYPE

Description – Code used to identify the type of casualty case

Format – One character alpha

Features – None

Edits – 91037–Field is required!

To Correct – Must enter required information

Field Name: DESCRIPTION

Description – Narrative description of case type

Format – N/A

Features – None

Edits – 91037–Field is required!

To Correct – Must enter required information

Field Name: NEW CASE TYPE

Description –New case type status entry

Format – One character alpha

Features – None

Edits – 91024–No match found!

To Correct Edits 91024 – The case type entered does not exist. Verify and re-enter information.

Edits – 91046–New key is required!

To Correct Edit 91046 – Must click **New** to enter a new code and description.

System Information

PBL – TPL06.PBL

Window – W_TPL_CASE_TYPE_EDIT

Menu – M_BASE_MAINT

Data Windows – DW_TPL_CASE_TYPE_EDIT

System Features

Click **New** to enter a new Case Type code.

Click **Delete** to delete the displayed Case Type code.

Click **Save** to save the displayed Case Type code information.

Click **Inquire** to re-display the screen with the Case Type code that was entered in the new Case Type field.

Click **Exit** to exit this screen.

Section 59: Case Status Values Window

Introduction

IFSSA and EDS use the Case Status window to inquire about the current Case Status values and descriptions. Only authorized users with update privileges can add new information or change existing data. Double-click **TPL Case Status** on the Table Maintenance window or click **Alt+S** to access this window in Table Maintenance.
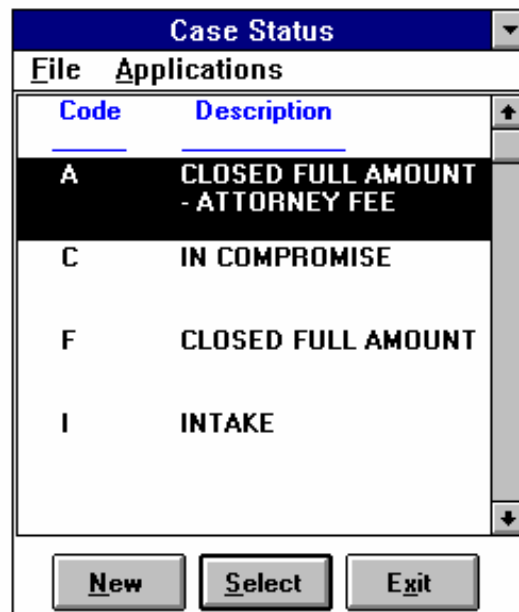

Figure 59.1 − Case Status Values Window

Field Information

Field Name: CODE

Description – Code assigned to a specific case status

Format – N/A

Features – Protected

Edits – None

To Correct – N/A

Field Name: DESCRIPTION

Description – Narrative description of case status

Format – N/A

Features – Protected

Edits – None

To Correct – N/A

- Valid values are as follows:
  1. A=Closed full amount minus attorney fees
  2. C=In compromise
  3. F=Closed full amount
  4. I=Intake
  5. L=Lead review
  6. M=Partial recovery minus attorney fees
  7. N=No further pursuit
  8. O=Open
  9. P=Partial recovery no fees
  10. X=Closed no recovery

System Information

PBL – TPL06.PBL

Window – W_TPL_CASE_STATUS_SELECTION

Menu – M_BASE_LIST_RETRIEVE

Data Windows – DW_TPL_CASE_STATUS_SELECTION

System Features

Click **New** to enter a new Case Status code.

Click **Select** to select the Case Status code and display the Case Status window.

Click **Exit** to exit this window.

Section 60: Case Status Window

Introduction

IFSSA and EDS use the Case Status window to add, update, or delete the values and descriptions defined for case status. Only authorized users with update privileges can add new information or change existing data. To access this window, click **New,** which displays a blank screen to add a new case status. Once a selection is made to add, update or delete, enter the applicable code and click the desired button.

Figure 60.1 – Case Status Window

Field Information

Field Name: CASE STATUS

Description – Code used to identify the status of a casualty case

Format – One character alpha

Features – None

Edits – 91037–Field is required!

To Correct – Must enter required information

Field Name: DESCRIPTION

Description – Narrative description of case status

Format – N/A

Features – None

Edits – 91037–Field is required!

To Correct – Must enter required information

Field Name: NEW CASE STATUS

Description –Enter the new case status

Format – One character alpha

Features – None

Edits – 91024–No match found!

To Correct Edit 91024 – The case status entered does not exist. Verify and re-enter information.

Edits – 91046–New key is required!

To Correct Edit 91046 − Must click **New** to enter new information

System Information

PBL − TPL06.PBL

Window − W_TPL_CASE_STATUS_EDIT

Menu − M_BASE_MAINT

Data Windows − DW_TPL_CASE_STATUS_EDIT

System Features

Click **New** to enter a new Case Status code.

Click **Delete** to delete the displayed Case Status code.

Click **Save** to save the displayed Case Status code information.

Click **Inquire** to redisplay the screen with the Case Status code that was entered in the new Case Status field.

Click **Exit** to exit this screen.

Section 61: TPL Origin Code Window

Introduction

IFSSA and EDS use the Origin Code window to inquire about a list of the current origin code values and descriptions. Only authorized users with update privileges can add new information or change existing data. Double-click **TPL Origin Code** or enter **Alt**+**O** on the Table Maintenance window to access this window in Table Maintenance.
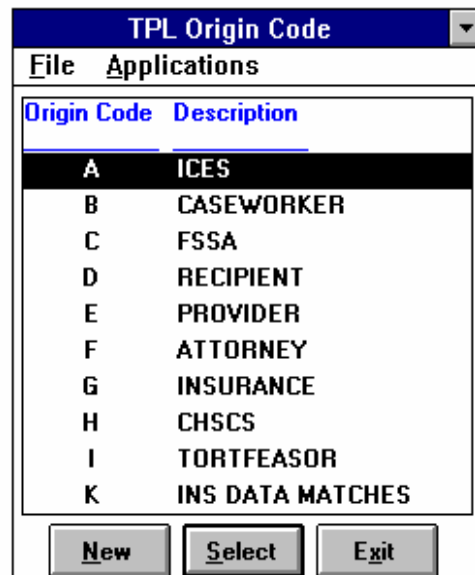

Figure 61.1 − Origin Code Window

Field Information

Field Name: ORIGIN CODE

Description – Code assigned to a specific case origin

Format – N/A

Features – Protected

Edits – None

To Correct – N/A

Field Name: DESCRIPTION

Description – Narrative description of case origin

Format – N/A

Features – Protected

Edits – None

To Correct – N/A

- Valid values are as follows:
  1. ICES
  2. Caseworker
  3. FSSA
  4. Recipient
  5. Provider
  6. Attorney
  7. Insurance
  8. CHSCS
  9. Tortfeasor
  10. Insurance data matches

System Information

PBL – TPL06.PBL

Window – W_TPL_CASE_ORIGIN_SELECTION

Menu – M_BASE_LIST_RETRIEVE

Data Windows – DW_TPL_CASE_ORIGIN_SELECTION

System Features

Click **New** to enter a new Case Origin.

Click **Select** to select the Case Origin and display the Case Origin window.

Click **Exit** to exit this screen.

Section 62: Case Origin Window

Introduction

IFSSA and EDS use the Case Origin Edit window to add, update, or delete the values and descriptions defined for case origin. Only authorized users with update privileges can add new information or change existing data. Click **New** to access this window. A blank screen is displayed. Once a selection is made to add, update or delete, enter the applicable code and click the desired button.

Figure 62.1 − Case Origin Window

Field Information

Field Name: ORIGIN CODE

Description – Code used to identify the origin of a casualty case

Format – One character alpha

Features – None

Edits – 91037–Field is required!

To Correct – Must enter required information

Field Name: DESCRIPTION

Description – Narrative description of case origin

Format – N/A

Features – None

Edits – 91037–Field is required!

To Correct – Must enter required information

Field Name: NEW CASE ORIGIN

Description – Position to enter the new case origin

Format – One character alpha

Features – None

Edits – 91024–No match found!

To Correct – The case origin entered does not exist. Verify and re-enter information.

Edits – 91046–New key is required!

To Correct – Must click **New** to enter new information

System Information

PBL – PL06.PBL

Window – W_TPL_CASE_ORIGIN_EDIT

Menu – M_BASE_MAINT

Data Windows – DW_TPL_CASE_ORIGIN_EDIT

System Features

Click **New** to enter a new Case Origin code.

Click **Delete** to delete the displayed Case Origin code.

Click **Save** to save the displayed Case Origin code information.

Click **Inquire** to redisplay the screen with the Case Origin code that was entered in the new Case Origin field.

Click **Exit** to exit this screen.

Glossary

This glossary defines the universal terms of the Indiana Title XIX program as presented in the Request for Proposals (RFP). The spelling and capitalization is approved by the Office of Medicaid Policy and Planning (OMPP) for use in all documents. Any changes made to the original RFP glossary were made at the request of the OMPP. The terms and definitions in the Indiana Title XIX Common Glossary cannot be changed without contacting the Publications Manager of the Documentation Management Unit who will obtain confirmation and approval from the OMPP. Individual units should include additional terms, as required, in the glossary of their documents.

1115(a)   Section of the Social Security Act that allows states to waive provisions of Medicaid law to test new concepts which are congruent with the goals of the Medicaid program. Radical, system-wide changes are possible under this provision. Waivers must be approved by CMS. See also *Health Care Financing Administration, Waiver.*

11971   State form 11971; see *8A*.

1261A   Division of Family and Children State Form 1261A, *Certification – Plan of Care for Inpatient Psychiatric Hospital Services Determination of Medicaid Eligibility*

1500   This is a claim form used by participating Indiana Health Coverage Programs (IHCP*)* providers to bill medical and medically related services. See also *CMS-1500*.

1902(a)(1) Section of the Social Security Act that requires state Medicaid programs be in effect "in all political subdivisions of the state". See also *Statewideness*.

1902(a)(10) Section of the Social Security Act that requires state Medicaid programs provide services to people that are comparable in amount, duration and scope. See also *Comparability; Sections 1915(a), (b), and (c); Waiver*.

1902(a)(23) Section of the Social Security Act that requires state Medicaid programs ensure clients have the freedom to choose any qualified provider to deliver a covered service. See also *Freedom of Choice, Section 1915(b), Waiver*.

1902(r)(2) Section of the Social Security Act that allows states to use more liberal income and resource methodologies than those used to determine Supplemental Security Income (SSI) eligibility for determining Medicaid eligibility.

1903(m)   Section of the Social Security Act that allows state Medicaid programs to develop risk contracts with health maintenance organizations or comparable entities. See also *Risk Contracts*.

1915(a)   Section of the Social Security Act that states requirements for Medicaid.

1915(b)   Section of the Social Security Act that allows states to waive Freedom of Choice. States may require that beneficiaries enroll in HMOs or other managed care programs, or select a physician to serve as their primary care case manager. Waivers must be approved by CMS.

1915(c)	Section of the Social Security Act that allows states to waive various Medicaid requirements to establish alternative, community-based services for individuals who qualify to receive services in an ICF-MR, nursing facility or Institution for Mental Disease, or inpatient hospital. Waivers must be approved by CMS. See also *CLASS, HCS, MDCP, CMS, NF, Waiver.*
1915(c)(7)(b)	Section of the Social Security Act that allows states to waive Medicaid requirements to establish alternative, community-based services for individuals with developmental disabilities who are placed in nursing facilities but require specialized services. Waivers must be approved by CMS. See also *CMS, HCS-O, Waiver.*
1929	Section of the Social Security Act that allows states to provide a broad range of home and community care to functionally disabled individuals as an optional state plan benefit. The option can serve only people over 65. In Indiana, individuals of any age may qualify to receive personal care services through Section 1929 if they meet the state's functional disability test and financial eligibility criteria. See also *Home and Community Care*.
450A	Social Evaluation for Long Term Care Admission
450B	Certification by Physician for Long Term Care Services.
590 Program	A State health coverage program for institutionalized persons under the jurisdiction of the Division of Mental Health and Department of Health.
7748	State Form 7748, Medicaid Financial Report
8A	*DPW Form 8A (State Form 11971), Notice to Provider of Member Deductible*. Used to relay member spenddown information to providers when the date of service is the same as the spenddown met date.
AA	Anesthesia Assistant.
AAA	Area Agency on Aging. This agency is a significant element in Home and Community-Based Services Waiver Programs.
AAC	Alternative or Augmentative Communication device.
AAP	American Academy of Pediatrics.
AAS	Atomic absorption spectrophotometer.
ABA	American Banking Association.
ABG	Arterial blood gas.
access	Term used to describe the action of entering and utilizing a computer application.
accommodation charge	A charge used only in institutional claims for bed, board, and nursing care.
accretion	An addition to a file or list. For example: the monthly additions to the Medicare Buy-In List.

ACOG	American College of Obstetricians and Gynecologists.
ACS	Affiliated Computer Services. State Healthcare PBM. Pharmacy Benefits Manager, Drug Rebate Services.
ACSW	Academy of Certified Social Workers.
ADA	American Dental Association.
ADAP	AIDS Drug Assistance Program.
ADC	Adult day care.
adjudicate (claim, credit, adjustment)	To process a claim to pay or deny.
adjustment	(1) A transaction that adjusts and reprocesses a previously processed claim; (2) the contractor adjusts a provider's account by debiting underpayments or crediting overpayments on claims.
adjustment recoupments	Recoupments set up by the adjustments staff on recoup and reprocess transactions. A record of these recoupments is maintained by the Cash Control System until zero balanced.
ADL	Activities of daily living.
Advance Planning Document (APD)	A planning guide the federal government requires when a state is requesting 90 percent funding for the design, development, and implementation of an MMIS.
AFDC	Aid to Families with Dependent Children is replaced by Temporary Assistance to Needy Families (TANF).
AG	Attorney General.
Aged and Medicare-Related Coverage Group	Needy individuals who have been designated by Department of Human Services (DHS) as medical assistance members, who are 65 years old or older, or members under any other category who are entitled to benefits under Medicare.
AHF	Antihemophiliac factor.
aid category	A designation within the State Social Services Department under which a person may be eligible for public assistance and/or medical assistance.
Aid to Families with Dependent Children (AFDC)	Needy families with dependent children eligible for benefits under the Medicaid Program, Title IV-A, Social Security Act. Replaced by Temporary Assistance to Needy Families (TANF).
Aid to the Blind (AB)	A classification or category of members eligible for benefits under the IHCP.
AIDS	Acquired Immune Deficiency Syndrome.
AIM	Advanced Information Management.
ALJ	Administrative Law Judge.

allowed amount	Either the amount billed by a provider for a medical service, the Department's established fee, or the reasonable charge, whichever is the lesser figure.
alpha	A field of only alphabetical letters.
alphanumeric	A field of numbers and letters.
ALS	Advanced life support.
ambulance service supplier	A person, firm or institution approved for and participating in Medicare as an air, ground, or host ambulance service supplier or provider.
amount, duration, and scope	How an IHCP benefit is defined and limited in a state's Medicaid plan. Each state defines these parameters, thus state Medicaid plans vary in what is actually covered.
ancillary charge	A charge, used only in institutional claims, for any item except accommodation fees. Examples include drug, laboratory and x-ray charges.
APS	Adult Protective Services.
ARC	Association of Retarded Citizens.
ARCH	Aid to Residents in County Homes. A State-funded program that provides medical services to certain residents of county nursing homes.
Area Agency on Aging	Also known as AAA. This agency is a significant element in Home and Community-Based Services Waiver Programs.
Area Prevailing Charge	Under Medicare Part B, the charge level that on the basis of statistical data would cover the customary charges made for similar services in the same locality.
ASC	Ambulatory Surgery Center.
AT	Action Team.
Attending Physician	The physician providing specialized or general medical care to a member.
Auditing Contractor	The entity under contract with the Office of Medicaid Policy and Planning (OMPP) to conduct audits of long-term-care facilities or other functions and activities as designated by OMPP.
auto assignment	Indiana*AIM* process that automatically assigns a managed care member to a managed care provider if the member does not select a provider within a specified time frame.
Automated Voice Response (AVR)	Computerized voice response system that helps providers obtain pertinent information concerning member eligibility, benefit limitation, check information, and prior authorization (PA) for those participating in the IHCP.
Average Wholesale Price; used in reference to drug pricing.	Indiana*AIM* process that automatically assigns a managed care member to a managed care provider if the member does not select a provider within a specified time frame.

AVR	Automated voice-response system used by providers to verify member eligibility by phone.
AWP	Average wholesale price used for drug pricing.
banner page	Brief messages sent to providers with the weekly remittance advices (RAs).
behavioral health care	Assessment and treatment of mental and/or psychoactive substance abuse disorders.
BENDEX	Beneficiary Data Exchange. A file containing data from CMS about persons receiving Medicaid benefits from the Social Security Administration.
Beneficiary	One who benefits from program such as the IHCP. Most commonly used to refer to people enrolled in the Medicare program.
benefit	A schedule of health care service coverage that an eligible participant in the IHCP receives for the treatment of illness, injury, or other conditions allowed by the State.
benefit level	Limit or degree of services a person is entitled to receive based on his or her contract with a health plan or insurer.
bidder	Any corporation, company, organization, or individual that responds to a Request for Proposal (RFP).
bill	A statement of charges for medical services, the submitted claim document, or electronic record; which may contain one or more services performed.
billed amount	The amount of money requested for payment by a provider for a particular service rendered.
billing provider	The party responsible for submitting to the department the bills for services rendered to an IHCP member.
billing service	An entity under contract with a provider that prepares billings on behalf of the provider for submission to payers.
block	Specific area on a claim or worksheet containing claim information.
BLS	Basic Life Support.
Blue Book	The *American Druggist Blue Book*, used as a reference in pricing drug products.
Boren Amendment	An amendment to *OBRA 80 (P.O. 96-499)*, which repealed the requirement that states follow Medicare principles in reimbursing hospitals, nursing facilities (NF) and intermediate care facility for the mentally retarded (ICF/MR) under the IHCP. The amendment substituted language that required states to develop payment rates that were "reasonable and adequate" to meet the costs of "efficiently and economically operated" providers. Boren was intended to give states new flexibility but it has increased successful lawsuits by providers and thus has contributed to the rising cost of Medicaid-funded institutional care.
BQAMIS	Bureau of Quality Assurance Management Information System.
BSN	Bachelor of Science in Nursing.

BSW	Bachelor of Social Work.
budgeted amount	The planned expenditures for a given time period.
bulletins	Informational directives sent to providers of IHCP services containing information on regulations, billing procedures, benefits, processing, or changes in existing benefits and procedures.
buy-in	A procedure whereby the State pays a monthly premium to the Social Security Administration on behalf of eligible IHCP members, enrolling them in Medicare Part A or Part B or both programs.
C&T	Certification and Transmittal; a document from the Indiana State Department of Health (ISDH).
C519	Authorization for Member Liability Deviation, generated by the Medicaid recipient's county caseworker. Applies only to nursing residents.
cap	A finite limit on the number of certain services for which the department will pay for a given member per calendar year.
capitation	A prospective payment method that pays the provider of service a uniform amount for each person served usually on a monthly basis. Capitation is used in managed care alternatives such as HMOs.
CARF	Commission on Accreditation of Rehabilitation Facilities
carrier	An organization processing Medicare claims on behalf of the federal government.
carve out	A decision to purchase separately a service that is typically a part of an indemnity (a HMO plan). (For example, the behavioral health benefit might be carved out to a specialized vendor to supply these services as stand-alone.)
case management	A process whereby covered persons with specific health care needs are identified and a plan which efficiently uses health care resources is formulated and implemented to achieve the optimum outcome in the most cost-effective manner.
case manager	An experienced professional (for example, nurse, doctor or social worker) who works with clients, providers, and insurers to coordinate all necessary services to provide the client with a plan of medically necessary and appropriate health care.
Cash Control Number (CCN)	Financial control number assigned to uniquely identify all refunds or repayments prior to their setup within the cash control system. The batch range within the CCN identifies the type of refund or repayment.
cash control system	Process whereby the case unit creates and maintains the records for accounts receivable, recoupments, and payouts.
categorically needy	All individuals receiving financial assistance under the State's approved plan under Titles I, IV-A, X, XIV, and XVI of the Social Security Act or who are in need under the State's standards for financial eligibility in such plan.
category code	A designation indicating the type of benefits for which an IHCP member is eligible.
category of service	A designation of the nature of the service rendered (for example, hospital outpatient, pharmacy, physician).

CCF	Claim correction form. A CCF is generated by Indiana*AIM* and sent to the provider that submitted the claim. The CCF requests the provider to correct selected information and return the CCF with the additional or corrected information.
CCN	Cash control number. A financial control number assigned to identify individual transactions.
CCSW	Certified Clinical Social Worker.
CDC	Centers for Disease Control.
CDFC	County Division of Family and Children.
CDPW	County Department of Public Welfare, which is changed to the County Offices of the Division of Family and Children.
CDT	Current Dental Terminology.
CEO	Chief Executive Officer.
certification	A review of CMS of an operational MMIS in response to a state's request for 75 percent FFP, to ensure that all legal and operational requirements are met by the system; also, the ensuing certification resulting from a favorable review.
certification code	A code PCCM PMPs use to authorize PCCM members to seek services from specialty providers.
CFR	Code of Federal Regulations. Federal regulations that implement and define federal Medicaid law and regulations.
CHAMPUS	Civilian Health and Medical Plan for the Uniformed Services (CHAMPUS); health-care plan for active duty family members, military retirees and family members of military retirees, now known as TRICARE.
charge center	A provider accounting unit within an institution used to accumulate specific cost data related to medical and health services rendered (for example, laboratory tests, emergency room service, and so forth.).
Children's Special Health Care Services (CSHCS)	State program that provides assistance for children with chronic health problems who are not necessarily eligible for Medicaid.
CHIP	Children's Health Insurance Program.
CI	Continual improvement.
claim	A provider's request for reimbursement of IHCP-covered services. Claims are submitted to the State's claims processing contractor using standardized claim forms: CMS-1500, UB-92, ADA Dental Form, and State-approved pharmacy claim forms.
Claim Correction Form (CCF)	Automatically generated for certain claim errors and sent to providers with the weekly RA. Allows providers the opportunity to correct specified errors detected on the claim during the processing cycle.

claim transaction	Any one of the records processed through the Claims Processing Subsystem. Examples are: (1) Claims (2) Credits (3) Adjustments.
claim type	Three-digit numeric code that refers to the different billing forms used by the program.
claims history file	Computer file of all claims, including crossovers and all subsequent adjustments that have been adjudicated by the MMIS.
claims processing agency	Agency that performs the claims processing function for IHCP claims. The agency may be a department of the single state agency responsible for Title XIX or a contractor of the agency, such as a fiscal agent.
clean claim	Claim that can be processed without obtaining additional information from the provider or from a third party.
CLIA	Clinical Laboratory Improvement Amendments. A federally mandated set of certification criteria and a data collection monitoring system designed to ensure the proper certification of clinical laboratories.
client	A person enrolled in the IHCP and thus eligible to receive services funded through the IHCP.
Cm	Centimeter.
CMHC	Community Mental Health Center.
CMI	Case Mix Index.
CMN	Certificate of Medical Necessity.
CMS	Centers for Medicare and Medicaid Services.
CMS-1500	CMS-approved standardized claim form used to bill professional services. Formerly referred to as HCFA-1500.
COB	Coordination of benefits.
co-insurance	The portion of Medicare-determined allowed charge that a Medicare member is required to pay for a covered medical service after the deductible has been met. The co-insurance or a percentage amount is paid by IHCP if the member is eligible for Medicaid. See also *Cost Sharing*.
Commerce Clearing House Guide	A publication containing Medicaid and Medicare regulations.
Community Living Assistance and Support Services (CLASS)	A waiver of the Medicaid state plan granted under Section 1915(c) of the Social Security Act that allows Indiana to provide community-based services to people with development disabilities other than mental retardation as an alternative to ICF MR VIII institutional care. Administered by Department of Human Services (DHS). See also *ICF MR, 1915(c), Waiver*.
Computer-Output Microfilm (COM)	The product of a device that converts computer data directly to formatted microfilm images bypassing the normal print of output on paper.

concurrent care	Multiple services rendered to the same patient during the same time period.
consent to sterilization	Form used by IHCP members certifying that they give "informed consent" for sterilization to be performed (it must be signed at least 30 days prior to sterilization).
contract amendment	Any written alteration in the specifications, delivery point, rate of delivery, contract period, price, quantity, or other contract provisions of any existing contract, whether accomplished by unilateral action in accordance with a contract provision, or by mutual action of the parties to the contract. It includes bilateral actions, such as change orders, administrative changes, notices of termination, and notices of the exercise of a contract option.
Contractor	Offeror with whom the State successfully negotiated a contract pursuant to *IC 12-1-7-17*.
	Auditing Contractor – The entity under contract with the OMPP to conduct audits of long-term-care facilities or other functions and activities as designated by the OMPP.
	Fiscal Agent Contractor – The offeror(s) with whom the State successfully negotiated a contract to perform one or more business functions associated with claims processing and provider payment activities.
	Rate-Setting Contractor – Entities under contract with the OMPP to perform rate-setting activities for hospitals and long-term-care facilities.
conversion factor	Number that when multiplied by a particular procedure code's relative value units would yield a substitute prevailing charge that could be used when an actual prevailing charge does not exist.
copayment or copay	A cost-sharing arrangement that requires a covered person to pay a specified charge for a specified service, such as $10 for an office visit. The covered person is usually responsible for payment at the time the health care is rendered. See also *Cost Sharing*.
core contractor	The successful bidder on *Service Package #1: Claims Processing and Related Services*.
core services	Refers to *Service Package #1: Claims Processing and Related Services*.
COS	Category of Service.
cost settlement	Process by which claims payments to institutional providers are adjusted yearly to reflect actual costs incurred.
cost sharing	The generic term that includes co-payments, coinsurance, and deductibles. Co-payments are flat fees, typically modest, that insured persons must pay for a particular unit of service, such as an office visit, emergency room visit, or the filling of a drug prescription. Coinsurance is a percentage share of medical bills (for example, 20 percent) that an insured person must pay out-of-pocket. Deductibles are specified caps on out-of-pocket spending that an individual or a family must incur before insurance begins to make payments.

county office	County offices of Family and Children. Offices responsible for determining eligibility for Medicaid using the Indiana Client Eligibility System (ICES).
covered service	Mandatory medical services required by CMS and optional medical services approved by the State. Enrolled providers are reimbursed for these services provided to eligible IHCP members subject to the limitations of the *Indiana Administrative Code* (IAC).
CP	Clinical psychologist.
CPAS	Claims processing assessment system. An automated claims analysis tool used by the State for contractor quality control reviews.
CPM	Continuous Passive Motion.
CPS	Child Protective Services.
CPT	Current Procedural Terminology.
CPT Codes (Current Procedural Terminology)	Unique coding structure scheme of all medical procedures approved and published by the American Medical Association.
CPU	Central Processing Unit.
CQM	Continuous quality management.
credit	A claim transaction that has the effect of reversing a previously processed claim transaction.
CRF/DD	Community Residential Facility for the Developmentally Disabled.
Crippled Children's Program	Title V of the Social Security Act allowing states to locate and provide health services to crippled children or children suffering from conditions leading to crippling. Former term for CSHCS.
CRLD	Computer report to laser disk.
CRNA	Certified Registered Nurse Anesthetist.
crossover claim	A claim for services, rendered to a patient eligible for benefits under both Medicaid and Medicare Programs, Titles XVIII and XIX, potentially liable for payment of qualified medical services. (Medicare benefits must be processed prior to IHCP benefits).
CRT Terminal (Cathode-Ray Tube Terminal)	A type of input/output device that may be programmed for file access capabilities, data entry capabilities or both.
CSHCS	Children's Special Health Care Services. A State-funded program providing assistance to children with chronic health problems. CSHCS members do not have to be IHCP-eligible. If they are also eligible for the IHCP, children can be enrolled in both programs.
CSR	Customer Service Request.

CSW	Certified Social Worker
customer	Individuals or entities that receive services or interact with the contractor supporting the IHCP program, including State staff, members, and IHCP providers (managed care PMPs, managed care organizations, and waiver providers).
CVP	Central venous pressure.
D&E	Diagnostic and evaluation (in reference to services and providers).
DASS	Delivery and Support System.
data element	A specific unit of information having a unique meaning.
DC	Doctor of Chiropractic.
DD	Developmentally disabled or developmental disabilities.
DDARS	Division of Disability, Aging, and Rehabilitative Services.
DDE	Direct data entry.
DDS	Doctor of Dental Surgery.
deductible	Fixed amount that a Medicare member must pay for medical services before Medicare coverage begins. The deductible must be paid annually before Part B medical coverage begins; and it must be paid for each benefit period before Part A coverage begins.
DESI	Drug Efficacy Study and Implementation, drug determined to be less than effective (LTE); not covered by the IHCP.
designee	A duly authorized representative of a person holding a superior position.
detail	Information on a claim that denotes a specific procedure or category of certain services and the total charge billed for the procedure(s) involved. Also used to describe lines within a screen segment; for example, those listed to describe periods of eligibility.
development disability	Mental retardation of a related condition. A severe, chronic disability manifested during the developmental period that results in impaired intellectual functioning or deficiencies in essential skills. See also *Mental Retardation, Related Condition*.
DHHS	U.S. Department of Health and Human Services. DHHS is responsible for the administration of Medicaid at the federal level through CMS.
DHS	Department of Human Services.
diagnosis	The classification of a disease or condition. (1) The art of distinguishing one disease from another. (2) Determination of the nature of a cause of a disease. (3) A concise technical description of the cause, nature, or manifestations of a condition, situation, or problem. (4) A code for the above. See also *ICD-9-CM, DRG*.
digit	Any symbol expresses an idea or information, such as letters, numbers, and punctuation.

direct price	Price the pharmacist pays for a drug purchased from a drug manufacturer.
disallow	To determine that a billed service(s) is not covered by the IHCP and will not be paid.
disposition	Application of a cash refund to a previously finalized claim. Also used in processing claims to identify claim finalization—payment or denial.
DME	Durable medical equipment. Examples: wheelchairs, hospital beds, and other nondisposable, medically necessary equipment.
DMH	Division of Mental Health.
DMHA	Division of Mental Health and Addiction.
DO	Doctor of Osteopathy.
DOB	Date of birth.
DOS	Date of service; the specific day services were rendered.
down	Term used to describe the inactivity of the computer due to power shortages or equipment problems. Entries on a terminal are not accepted during down time.
DPOC	Data Processing Oversight Commission. Indiana state agency that oversees agency compliance with all State data processing statutes, policies, and procedures.
DPW	Department of Public Welfare, the previous name of the Family and Social Services Administration
DPW Form 8A	See *8A*.
DRG	Diagnosis-related grouping. Used as the basis for reimbursement of inpatient hospital services.
drug code	Code established to identify a particular drug covered by the IHCP.
Drug Efficacy Study and Implementation (DESI)	A drug determined to be less than effective (LTE) and not covered by the IHCP.
drug formulary	List of drugs covered by a State Medicaid Program, which includes the drug code, description, strength and manufacturer.
DSH	Disproportionate share hospital. A category defined by the State identifying hospitals that serve a disproportionately higher number of indigent patients.
DSM	Diagnostic and Statistical Manual of Mental Disorders; a revision series number is usually associated with the acronym.
DSS	Decision Support System. A data extraction tool used to evaluate IHCP data, trends, and so forth, for the purpose of making programmatic decisions.
dual eligible	A person enrolled in Medicare and Medicaid.

duplicate claim	A claim that is either totally or partially a duplicate of services previously paid.
DUR	Drug Utilization Review. A federally mandated, Medicaid-specific prospective and retrospective drug utilization review system and all related services, equipment, and activities necessary to meet all applicable federal DUR requirements.
E/M	Evaluation and Management.
EAC	Estimated acquisition cost of drugs. Federal pricing requirements for drugs.
ECC	Electronic claims capture. Refers to the direct transmission of electronic claims over phones lines to Indiana*AIM*. ECC uses point-of-sale devices and personal computers for eligibility verification, claims capture, application of Pro-DUR, prepayment editing, and response to and acceptance of claims submitted on-line. Also known as ECS and EMC.
ECF	Extended care facility; most commonly, long-term care (LTC); or nursing home (NH), or nursing facility (NF).
ECM	Electronic claims management; overall management of claim transmittal via electronic media; related to ECS, EMC, ECC, and paperless claims.
ECS	Electronic claims submission. Claims submitted in electronic format rather than paper. See *ECC, EMC*.
EDI	Electronic data interchange.
EDP	Electronic data processing.
EDS	Electronic Data Systems Corporation, the IHCP claims processing and third party liability contractor.
EFT	Electronic funds transfer. Paying providers for approved claims via electronic transfer of funds from the State directly to the provider's account.
EIP	Early Intervention Program
eligibility file	File containing individual records for all persons who are eligible or have been eligible for the IHCP.
eligible member	Person certified by the State as eligible for medical assistance in accordance with the State Plan(s) under Title XIX of the Social Security Act, Title V of the Refugee Education Assistance Act, or State law.
eligible providers	Person, organization, or institution approved by the Single State Agency as eligible for participation in the IHCP.
EMC	Electronic media claims. Claims submitted in electronic format rather than paper. See *ECC, ECS*.
EMS	Emergency medical services.
EOB	Explanation of benefits. An explanation of claim denial or reduced payment included on the provider's remittance advice.

EOMB	Explanation of Medicare benefits. A form provided by Indiana*AIM* and sent to members. The EOMB details the payment or denial of claims submitted by providers for services provided to members. See also *MRN*.
EOP	Explanation of payment, term previously used by the IHCP for the claim summary statement – currently know as a remittance advice (RA). Other insurers continue to use the term for claim statements to providers.
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment program. Known as HealthWatch in Indiana, EPSDT is a program for IHCP-eligible members younger than 21 years old offering free preventive health care services, such as: screenings, well-child visits, and immunizations. If medical problems are discovered, the member is referred for further treatment.
error code	Code connected to a claim transaction indicating the nature of an error condition associated with that claim. An error code can become a rejection code if the error condition is such that the claim is rejected.
errors	Claims that are suspended prior to adjudication. Several classifications of errors could exist; for example claims with data discrepancies or claims held up for investigation of possible third party liability. Claims placed on suspense for investigatory action can be excluded from classification as an error at the user's option during detail system design. See also *Rejected Claim*.
ESRD	End Stage Renal Disease.
EST	Eastern Standard Time, which is also Indianapolis local time, is a constant in *the majority* of the state of Indiana. This means that from the last Sunday in April to the last Sunday in October Indianapolis is on the same time as the states observing Central Standard Time (CST), like Chicago. From the last Sunday in October to the last Sunday in April Indianapolis is on the same time as the states observing Eastern Standard Time (EST), like New York. This is because Indiana does not observe daylight savings time.
EVS	Eligibility Verification System. A system used by providers to verify member eligibility using a point-of-sale device, on-line PC access, or an automated voice-response system.
exclusions	Illnesses, injuries, or other conditions for which there are no benefits.
Exclusive Provider Organization (EPO)	Arrangement between a provider network and a health insurance carrier or self-insured employer that requires the beneficiary to use only designated providers or sacrifice reimbursement altogether. See also *Preferred Provider Organization.*
Explanation of benefits (EOB)	An explanation of claim denial or reduced payment included on the provider's RA.
Family Planning Service	Any medically approved diagnosis, treatment, counseling, drugs, supplies or devices prescribed or furnished by a physician to individuals of child-bearing age for purposes of enabling such individuals to determine the number and spacing of their children.
FAMIS	Family Assistance Management Information System.

FDB	First DataBank.
Fee-For-Service Reimbursement	The traditional health care payment system, under which physicians and other providers receive a payment for each unit of service they provide. See also *Indemnity Insurance*.
FEIN	Federal employer identification number. A number assigned to businesses by the federal government.
FFP	Federal financial participation. The federal government reimburses the State for a portion of the Medicaid administrative costs and expenditures for covered medical services.
FFS	Fee-for-service.
FID	Federal Investigation Database.
field audit	A provider's facilities, procedures, records and books are reviewed for conformance to IHCP standards. A field audit may be conducted regularly, routinely, or on a special basis to investigate suspected misutilization.
FIPS	Federal information processing standards.
Fiscal Agent Contractor	The offeror with whom the State successfully negotiated a contract to perform one or more business functions associated with claims processing and provider payment activities.
fiscal month	Monthly time interval in a fiscal year.
Fiscal Year	The designated annual reporting period for an entity:
	State of Indiana – July 1 through June 30
	Federal – October 1 through September 30
FISS	Fiscal intermediary shared system.
flat rate	Reimbursement methodology in which all providers delivering the same service are paid at the same rate. Also known as a Uniform Rate.
FMAP	Federal Medical Assistance Percentage. The percentage of federal dollars available to a state to provide Medicaid services. FMAP is calculated annually based on a formula designed to provide a higher federal matching rate to states with lower per capita income.
Form 1261A	Division of Family and Children State Form 1261A, *Certification – Plan of Care for Inpatient Psychiatric Hospital Services Determination of Medicaid Eligibility*.
FPL	Federal poverty level. Income guidelines established annually by the federal government. Public assistance programs usually define income limits in relation to FPL.

FQHC	Federally Qualified Health Center. A center receiving a grant under the Public Health Services Act or entity receiving funds through a contract with a grantee. These include community health centers, migrant health centers, and health care for the homeless. FQHC services are mandated Medicaid services and may include comprehensive primary and preventive services, health education, and mental health services.
freedom of choice	A State must ensure that Medicaid beneficiaries are free to obtain services from any qualified provider. Exceptions are possible through waivers of Medicaid and special contract options.
front end	First process of claim cycle designed to create claim records, perform edits, and produce inventory reports.
front-end process	All claims system activity that occurs before auditing.
FSSA	Family and Social Services Administration. The Office of Medicaid Policy and Planning (OMPP) is a part of FSSA. FSSA is an umbrella agency responsible for administering most Indiana public assistance programs. However, the OMPP is designated as the single State agency responsible for administering the IHCP.
FTE	Full time employee.
FUL	Federal upper limit, the pricing structure associated with maximum allowable cost (MAC) pricing.
GCN*SEQND	Generic code sequence number classification system.
generic drug	A chemically equivalent copy designed from a brand name whose patent has expired and is typically less expensive.
Gm	Gram.
GPCI	Geographic practice cost index.
GPCPD	Governor's Planning Council for People with Disabilities.
GPI	Generic pricing indicator.
Group Model Health Maintenance Organization	A health care model involving contracts with physicians organized as a partnership, professional corporation, or other association. The health plan compensates the medical group for contracted services at a negotiated rate, and that group is responsible for compensating its physicians and contracting with hospitals for care of their patients.
group practice	A medical practice in which several physicians render and bill for services under a single billing provider number.
hard copy claim	A claim for services that was submitted on a paper claim form rather than via electronic means; also seen as "paper" and "manual".
HBP	Hospital-Based Physician. A physician who performs services in a hospital setting and has a financial arrangement to receive income from that hospital for the services performed.

HCBS	Home- and Community-Based Services waiver programs. A federal category of Medicaid services, established by Section 2176 of the Social Security Act. HCBS includes: adult day care, respite care, homemaker services, training in activities of daily living skills, and other services that are not normally covered by Medicaid. Services are provided to disabled and aged members to allow them to live in the community and avoid being placed in an institution.
HCE	Health Care Excel, Inc. The IHCP prior authorization, surveillance and utilization review and medical policy contractor
HCFA-1500	CMS-approved standardized claim form used to bill professional services. Now referred to as CMS-1500.
HCI	Hospital Care for the Indigent. A program that pays for emergency hospital care for needy persons who are not covered under any other medical assistance program.
HCPCS	Healthcare Common Procedure Coding System. A uniform health care procedural coding system approved for use by CMS. HCPCS includes all subsequent editions and revisions.
header	Identification and summary information at the head (top) of a claim form or report.
HealthWatch	Indiana's preventive care program for IHCP members younger than 21 years old. Also known as EPSDT.
HEDIS	Health Plan Employer Data and Information Set. A core set of performance measures developed for employers to use in assessing health plans.
help	An online computer function designed to assist users when encountering difficulties entering a screen.
HHA	Home Health Agency. An agency or organization approved as a home health agency under Medicare and designated by ISDH as a Title XIX home health agency.
HHPD	Hoosier Healthwise for Persons with Disabilities and Chronic Diseases, formerly referred to as MCPD. HHPD is one of three delivery systems in the Hoosier Healthwise managed care program. In HHPD, an MCO is reimbursed on a per capita basis per month to manage the member's health care. This delivery system serves people identified as disabled under the IHCP definition.
HHS	Health and Human Services. U.S. Department of Health and Human Services. Umbrella agency for the Office of Family Assistance, the CMS, the Office of Refugee Resettlement (ORR), and other federal agencies serving health and human service needs.
HIC	Health insurance carrier number.
HIC #	Health Insurance Carrier Number. Identification number for those patients with Medicare coverage. The HIC# is usually the patient's Social Security number and an alphabetic suffix that denotes different types of benefits.
HIO	Health insuring organization.
HIPAA	Health Insurance Portability and Accountability Act

HIPP	Health insurance premium payments.
HIV	Human Immunodeficiency Virus
HMO	Health maintenance organization.
HMO	Health maintenance organization. Organization that delivers and manages health services under a risk-based arrangement. The HMO usually receives a monthly premium or capitation payment for each person enrolled, which is based on a projection of what the typical patient will cost. If enrollees cost more, the HMO suffers losses. If the enrollees cost less, the HMO profits. This gives the HMO incentive to control costs. See also *Sections 1903(m) and 1915 (b), PHP, PPO, Primary Care Case Management.*
HMS	Health Management Services.
Home and Community Care for the Functionally Disabled	An optional state plan benefit that allows states to provide HCBS to functionally disabled individuals (In Indiana, this optional benefit is used by ISDH to provide personal care services to people who have income in excess of SSI limitations but who would be financially qualified in an institution.) Also known as the "Frail Elderly" provision, although Indiana can serve people of any age under this provision. See also *Section 1919, Primary Home Care.*
Home and Community-Based Services-Omnibus Budget Reconciliation Act (HCS-OBRA)	A waiver of the Medicaid state plan granted under Section *1915(c)(7)(b)* of the Social Security Act that allows Indiana to provide community-based services to certain people with developmental disabilities placed in nursing facilities but requiring specialized service according to the PASARR process. See also *Section 1915(c)(7)(b), PASARR, Waiver.*
Home Health Care Services	Visits ordered by a physician authorized by DHS and provided to homebound members by licensed registered and practical nurses and nurses aids from authorized home health care agencies. These services include medical supplies, appliances, and DME suitable for use in the home.
Hoosier Healthwise	Hoosier Healthwise is an IHCP managed care program that consists of two components including Primary Care Case Management (PCCM) and risk-based managed care (RBMC).
HOPA	Hospital outpatient area.
HPB	Health Professions Bureau.
HPSA	Health professional shortage area.
HPSB	Health Professions Service Bureau.
HRI	Health-related items.
HRR	High risk register (in relation to audiological screening).
HSA	Home service agency.
HSPP	Health services provider in psychology.

IAC	*Indiana Administrative Code – Indiana rules.* State government agency administrative procedures.
IC	Indiana Code – Indiana laws.
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification. ICD-9-CM codes are standardized diagnosis codes used on claims submitted by providers.
ICES	Indiana Client Eligibility System. Caseworkers in the county offices of Family and Children use this system to help determine applicants' eligibility for medical assistance, food stamps, and Temporary Assistance for Needy Families (TANF).
ICF	Intermediate care facility. Institution providing health-related care and services to individuals who do not require the degree of care provided by a hospital or skilled nursing home, but who, because of their physical or mental condition, require services beyond the level of room and board.
ICF/MR	Intermediate care facility for the mentally retarded. An ICF/MR provides residential care treatment for IHCP-eligible, mentally retarded individuals.
ICHIA	Indiana Comprehensive Health Insurance Association, a health insuring organization for special situations.
ICLPPP	Indiana Childhood Lead Poisoning Prevention Program.
ICN	Internal control number. Number assigned to claims, attachments, or adjustments received in the fiscal agent contractor's mailroom.
ICU	Intensive care unit.
IDDARS	Indiana Division of Disability, Aging, and Rehabilitative Services.
IDEA	Individuals with Disabilities Education Act.
IDOA	Indiana Department of Administration. Conducts State financial operations including: purchasing, financial management, claims management, quality assurance, payroll for State staff, institutional finance, and general services such as leasing and human resources.
IEMS	Indiana Emergency Medical Service.
IEP	Individual Education Program (in relation to the First Steps Early Intervention System).
IFSP	Individual Family Service Plan (in relation to the First Steps Early Intervention System).
IFSSA	Indiana Family and Social Services Administration.
IHCP	Indiana Health Coverage Program.
IMCA	Indiana Motor Carrier Authority.
IMCS	Indiana Motor Carrier Services.

IMD	Institutions for mental disease.
IMF	Indiana Medical Foundation. Non-profit organization contracted by the DHS for the daily review and correction of abstracts submitted by all IHCP hospitals in Indiana.
IMFCU	Indiana Medicaid Fraud Control Unit.
IMRP	Indiana Medical Review Program. Program administered by the IMF to insure the medical necessity of hospitalization and surgery.
indemnity insurance	Insurance product in which beneficiaries are allowed total freedom to choose their health care providers. Those providers are reimbursed a set fee each time they deliver a service. See also *Fee-for-Service*.
Indiana Family and Social Service Administration (IFSSA)	The State agency responsible for the coordination and administration of social service programs in the state of Indiana. The OMPP, under Indiana Family and Social Security Administration (IFSSA), is the single State agency responsible for the administration of the IHCP.
Indiana State Department of Health (ISDH)	The State agency responsible for promotion of health; providing guidance on public health issues; ensuring the quality of health facilities and programs and the administration of certain health programs. The Bureau of Family Health Services is the bureau within the Indiana State Department of Health (ISDH) organization charged with the administration of the Children's Special Health Care Services Division (CSHCS) as well as the Maternal and Child Health Division (MCH) and the Division of Women, Infants, and Children (WIC).
Indiana*AIM*	Indiana Advanced Information Management system. The State's current Medicaid Management Information System (MMIS).
inquiry	Type of online screen programmed to display rather than enter information. Used to research information about members, providers, claims adjustments and cash transactions.
institution	An entity that provides medical care and services other than that of a professional person. A business other than a private doctor or a pharmacy.
intensive care	Level of care rendered by the attending physician to a critically ill patient requiring additional time and study beyond regular medical care.
interim	A billing that is only for a portion of the patient's continuous complete stay in an inpatient setting.
intermediary	Private insurance organizations under contract with the government handling Medicare claims from hospitals, skilled nursing facilities, and home health agencies.
IOC	Inspection of care. A core contract function reviewing the care of residents in psychiatric hospitals and ICFs/MR. The review process serves as a mechanism to ensure the health and welfare of institutionalized residents.

IPA	Individual Practice Associate. Model HMO. A health care model that contracts with an entity, which in turn contracts with physicians, to provide health care services in return for a negotiated fee. Physicians continue in their existing individual or group practices and are compensated on a per capita, fee schedule, or fee-for-service basis.
IPAS	Indiana Pre-Admission Screening.
IPP	Individualized Program Plan..
IRS	Identical, related, or similar drugs, in relation to less than effective (LTE) drugs.
ISBOH	Indiana State Board of Health; currently known as the Indiana State Department of Health.
ISDH	Indiana State Department of Health; previously known as Indiana State Board of Health.
ISETS	Indiana Support Enforcement Tracking System.
ISMA	Indiana State Medical Association.
itemization of charges	A breakdown of services rendered that allows each service to be coded.
ITF	Integrated test facility. A copy of the production version of Indiana*AIM* used for testing any maintenance and modifications before implementing changes in the production system.
JCL	Job control language.
Julian Date	A method of identifying days of the year by assigning numbers from 1 to 365 (or 366 on leap years) instead of by month, week, and day. For example, January 10 has a Julian date of 10 and December 31 has a Julian date of 365. This date format is easier and quicker for computer processing.
L	Liter.
LAN	Local area network.
LCL	Lower Control Limit (Pertaining to quality control charts).
LCN	Letter control number.
LCSW	Licensed Clinical Social Worker.
licensed practical nurse	LPN.
limited license practitioner	LLP.
line item	A single procedure rendered to a member. A claim is made up for one or more line items for the same member.
LLP	Limited license practitioner.

LMFT	Licensed Marriage and Family Therapist.
LMHC	Licensed Mental Health Counselor.
LOA	Leave of absence.
LOC	Level-of-care. Medical LOC review determinations are rendered by OMPP staff for purposes of determining nursing home reimbursement.
location	Location of the claim in the processing cycle such as paid, suspended, or denied.
lock-in	Restriction of a member to particular providers, determined as necessary by the State.
lock-out	Restriction of providers, for a time period, from participating in a portion or all of the IHCP due to exceeding standards defined by the department.
LOS	Length of stay.
LPN	Licensed Practical Nurse.
LSL	Lower specification limit, pertains to quality control charts.
LSW	Licensed Social Worker.
LTC	Long-term care. Used to describe facilities that supply long-term residential care to members.
LTE	Less than effective drugs.
M/M	Medicare/Medicaid.
MAC	Maximum allowable cost for drugs as specified by the federal government.
MAC	Monitored anesthesia care
managed care	System where the overall care of a patient is overseen by a single provider or organization. Many state Medicaid programs include managed care components as a method of ensuring quality in a cost efficient manner. See also *Section 1915(b), HMO, PPO, Primary Case Management.*
Managed Care PCCM	*Members in the primary care case management delivery system are linked to a primary medical provider (PMP) that acts as a gatekeeper by providing and arranging for most of the members' medical care. The PMP receives an administrative fee per month for every member and is reimbursed on a fee-for-service basis.*
Managed Care RBMC	*In a risk-based managed care delivery system, the OMPP pays contracted managed care organizations (MCOs) a capitated monthly premium for each IHCP enrollee in the MCO's network. The care of members enrolled in the MCO is managed by the MCO through its network of PMPs, specialists and other providers of care, who contract directly with the MCO.*

mandated or required services	Services a state is required to offer to categorically needy clients under a state Medicaid plan. (Medically needy clients may be offered a more restrictive service package.) Mandated services include the following: Hospital (IP & OP), lab/x-ray, nursing facility care (21 and over), home health care, family planning, physician, nurse midwives, dental (medical/surgical), rural health clinic, certain nurse practitioners, federally qualified health centers, renal dialysis services, HealthWatch/EPSDT (under age 21), medical transportation.
manual claim	Claim for services submitted on a paper claim form rather than via electronic means; also seen as *paper* and *hard copy*.
MARS	Management and Administrative Reporting Subsystem. A federally mandated comprehensive reporting module of Indiana*AIM* that includes data and reports as specified by federal requirements.
MCCA	Medicare Catastrophic Coverage Act of 1988.
MCO	Managed Care Organization. Entity that provides or contracts for managed care. MCOs include entities such as HMOs and Prepaid Health Plans (PHPs). See also *HMO, Prepaid Health Plan*.
MCPD	A pilot program that was available in Marion county from January 1997 through December 1999. It was a voluntary risk-based managed care program for IHCP enrollees that were considered disabled or chronically ill according to the State's established criteria.
MCS	Managed Care Solutions (now called Lifemark Corporation).
MD	Medical Doctor.
MDS	Minimum data set.
Medicaid	A joint federal-state entitlement program that pays for medical care on behalf of certain groups of low-income persons. The program was enacted in 1965 under Title XIX of the Social Security Act.
Medicaid certification	The determination of a member's entitlement to Medicaid benefits and notification of that eligibility to the agency responsible for Medicaid claims processing.
Medicaid Financial Report	State Form 7748, used for cost reporting.
Medicaid fiscal agent	Contractor that provides the full range of services supporting the business functions included in the core and non-core service packages.
Medicaid plan	See also *Medicaid State Plan, Single State Agency.*
Medicaid Select	A managed care program for the aged, blind and disabled population consisting of a Primary Care Case Management (PCCM) delivery system.
Medicaid State plan	See also *Single State Agency, Medicaid Plan.*
Medicaid-Medicare eligible	Member who is eligible for benefits under both Medicaid and Medicare. Members in this category are *bought-in* for Part B coverage of the Medicare Program by the Medicaid Program.

medical emergency	Defined by the American College of Emergency Physicians as a medical condition manifesting itself by symptoms of sufficient severity that the absence of immediate medical attention could reasonable be expected to result in: (a) placing health in jeopardy; (b) serious impairment to bodily function; (c) serious dysfunction of any bodily organ or part; or (d) development or continuance of severe pain.
medical necessity	The evaluation of health care services to determine if they are: medically appropriate and necessary to meet basic health needs; consistent with the diagnosis or condition and rendered in a cost-effective manner; and consistent with national medical practice guidelines regarding type, frequency and duration of treatment.
medical policy	Portion of the claim processing system whereby claim information is compared to standards and policies set by the state for the IHCP.
medical policy contractor	Successful bidder on *Service Package #2: Medical Policy and Review Services.*
medical supplies	Supplies, appliances, and equipment.
medically needy	Individuals whose income and resources equal or exceed the levels for assistance established under a state or federal plan, but are insufficient to meet their costs of health and medical services.
Medicare	The federal medical assistance program described in Title XVIII of the Social Security Act for people over the age of 65, for persons eligible for Social Security disability payments and for certain workers or their dependents who require kidney dialysis or transplantation.
Medicare crossover	Process allowing for payment of Medicare deductibles and/or co-insurance by the Medicaid program.
Medicare deductibles and co-insurance	All charges classified as deductibles and/or coinsurance under Medicare Part A or Part B for services authorized by Medicare Part A or Part B.
member	A person who receives a IHCP service while eligible for the IHCP. People may be IHCP-eligible without being IHCP members. These individuals are called enrollees or members when in the Hoosier Healthwise Program. See also *Client, Eligible Member.*
member relations	The activity within the single state agency that handles all relationships between the IHCP and individual member.
member restriction	A limitation or review status placed on a recipient that limits or controls access to the IHCP to a greater extent than for other nonrestricted members.
mental disease	Any condition classified as a neurosis, psychoneurosis, psychopathy, psychosis, or personality disorder.
mental illness	A single severe mental disorder, excluding mental retardation, or a combination of severe mental disorders as defined in the latest edition of the *American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders.*
mental retardation	Significantly subaverage intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

menu	Online screen displaying a list of the available screens and codes needed to access the online system.
MEQC	Medicaid eligibility quality control.
MFCU	Medicaid Fraud Control Unit.
MHS	Managed Health Services.
MI	Mental illness.
MI/DD	Mental illness and developmental disability.
microfiche	Miniature copies of the RAs that can store approximately 200 pages of information on a plastic sheet about the size of an index card.
microfilm	Miniature copies of all claims received by Medicaid stored on film for permanent records-keeping and referral.
misutilization	Any usage of the IHCP by any of its providers or members not in conformance with both state and federal regulations, including both abuse and defects in level and quality of care.
Ml	Milliliter.
MLOS	Mean Length of Stay.
MMDDYY	Format for a date to be reflected as month, day, and year such as 091599.
MMIS	Medicaid Management Information System. Indiana's current MMIS is referred to as Indiana*AIM*.
MMRT	Medicaid Medical Review Team.
MOC	Memorandum of Collaboration; a Hoosier Healthwise document that provides a formal description of the terms of collaboration between the primary medical provider (PMP) and the preventive health care service provider (PHCSP). It also serves as a tool for delineating responsibilities for referrals on a continuous basis. MOCs must be signed by both parties and are subject to OMPP approval.
MOC	Memoranda of Collaboration. For example, a Hoosier Healthwise document that provides a formal description of the terms of collaboration between a PMP and PHCSP, and serves as a tool for delineating responsibilities for referrals on a continuous basis. MOCs must be signed by both parties and are subject to OMPP approval.
module	A group of data processing and/or manual processes that work in conjunction with each other to accomplish a specific function.
MR/DD	Mental retardation and developmentally disabled.
MRN	Medicare Remittance Notice. A form provided by Indiana*AIM* and sent to members. The MRN details the payment or denial of claims submitted by providers for services provided to members.

MRO	Medicaid Rehabilitation Option. Special program restricted to community mental health centers for persons who are seriously mentally ill or seriously emotionally disturbed.
MRT	Medical Review Team, unit which makes decision regarding Disability Determination.
MS	Mail stop.
MSN	Master of Science in Nursing.
MSS	Master of Social Sciences.
MSW	Master of Social Work.
MWU	Medicaid Waiver Unit, the IDDARS unit which manages the HCBS Waiver Programs.
NAS	Non-ambulatory service.
NASW	National Association of Social Workers.
NCPDP	National Council for Prescription Drug Programs.
NDC	National Drug Code. A generally accepted system for the identification of prescription and non-prescription drugs available in the United States. NDC includes all subsequent editions, revisions, additions, and periodic updates.
NDDF	National Drug Data File.
NEC	Not elsewhere classified.
NECS	National Electronic Claims Submission is the proprietary software developed by EDS. NECS is installed on a provider's PCs and used to submit claims electronically. The software allows providers access to on-line, real-time eligibility information.
Network Model HMO	An HMO type in which the HMO contracts with more than one physician group, and may contract with single- and multi-specialty groups. The physician works out of his or her own office. The physician may share in utilization savings, but does not necessarily provide care exclusively for HMO members.
NF	Nursing facility; also seen as ECF, NH, and LTC.
NH	Nursing home; also seen as ECF, NF, and LTC.
NIH	National Institutes of Health.
NOC	Not otherwise classified.
non-core contractors	Refers to the Medical Policy Contractor and the TPL/Drug Rebate Contractor.
non-core services	Refers to *Service Packages #2 and #3*.

NOOH	Notice of Opportunity for Hearing. Notification that a drug product is the subject of a notice of opportunity for hearing issued under Section 505(e) of the Federal Food, Drug, and Cosmetic Act and published in the *Federal Register* on a proposed order of FDA to withdraw its approval for the drug product because it has determined that the product is less than effective for all its labeled indications.
NPIN	National provider identification number.
nursing facilities	Facilities licensed by and approved by the state in which eligible individuals receive nursing care and appropriate rehabilitative and restorative services under the Title XIX (Medicaid) Long Term Care Program. See also *Long Term Care, TILE.*
nursing facility waiver (NF waiver)	A waiver of the Medicaid's state plan granted under Section 1915(c) of the Social Security Act that allows Indiana to provide community-based services to adults as an alternative to nursing facility care. See also *Nursing Facilities, 1915(c), Waiver.*
OASDI	Old Age, Survivors and Disability Insurance. See also *Title II Benefits (Social Security or OASDI).*
OB/GYN	Obstetrician/Gynecologist.
OBRA	Omnibus Budget Reconciliation Act.
OBRA-90	Omnibus Budget Reconciliation Act of 1990.
OCR	Optical Character Recognition Equipment. A device that reads letters or numbers from a page and converts them to computerized data, bypassing data entry.
OD	Doctor of Optometry.
OFC	Office of Family and Children.
OIG	Office of the Inspector General.
OMNI	A point-of-sale device used by providers to scan member ID cards to determine eligibility.
OMPP	Office of Medicaid Policy and Planning.
optional services or benefits	More than 30 different services that a state can elect to cover under a state Medicaid plan. Examples include personal care, rehabilitative services, prescribed drugs, therapies, diagnostic services, ICF-MR, targeted case managed, and so forth.
OTC	Over the counter, in reference to drugs.
other insurance	Any health insurance benefits that a patient might possess in addition to Medicaid or Medicare.
other processing agency	Any organization or agency that performs IHCP functions under the direction of the single state agency. The single state agency may perform all IHCP functions itself or it may delegate certain functions to other processing agencies.

outcome measures	Assessments that gauge the effect or results of treatment for a particular disease or condition. Outcome measures include the patient's perception of restoration of function, quality of life and functional status, as well as objective measures of mortality, morbidity, and health status.
outcomes	Results achieved through a given health care service, prescription drug use, or medical procedure.
outcomes management	Systematically improving health care results, typically by modifying practices in response to data gleaned through outcomes measurement, then remeasuring and remodifying, often in a formal program of continuous quality improvement.
outcomes research	Studies aimed at measuring effect of a given product, procedure, or medical technology on health or costs.
outlier	An additional payment made to hospitals for certain clients under age 21 for exceptionally long or expensive hospital stays.
out-of-state	Billing for a IHCP member from a facility or physician outside Indiana or from a military facility.
outpatient services	Hospital services and supplies furnished in the hospital outpatient department or emergency room and billed by a hospital in connection with the care of a patient who is not a registered bed patient.
overpayment	An amount included in a payment to a provider for services provided to a IHCP member resulting from the failure of the contractor to use available information or to process correctly.
override	Forced bypassing of a claim due to error (or suspected error), edit, or audit failure during claims processing. Exempted from payment pending subsequent investigation not to be in error.
overutilization	Use of health or medical services beyond what is considered normal.
PA	Prior authorization. Some designated IHCP services require providers to request approval of certain types or amounts of services from the State before providing those services. The Medical Services Contractor and/or State medical consultants review PAs for medical necessity, reasonableness, and other criteria.
paid amount	Net amount of money allowed by the IHCP.
paid claim	Claim that has had some dollar amount paid to the provider, but the amount may be less than the amount billed by the provider.
paid claims history file	History of all claims received by IHCP that have been handled by the computer processing system through a terminal point. Besides keeping history information on paid claims, this file also has records of claims that were denied.
paper claim	A claim for services that was submitted on a paper claim form rather than via electronic means; also seen as *hard copy* and *manual*.
paperless claims	Claims sent by electronic means; equivalent to EMC, ECS, ECC, and similar terms denoting claim transmittal via electronic media.
parameter	Factor that determines a range of variations.

Part A	Medicare hospital insurance that helps pay for medically necessary inpatient hospital care, and after a hospital stay, for inpatient care in a skilled nursing facility, for home care by a home health agency or hospice care by a licensed and certified hospice agency. See also *Medicare, Beneficiary*.
Part B	Medicare medical insurance that helps pay for medically necessary physician services, outpatient hospital services, outpatient physical therapy, and speech pathology services, and a number of other medical services and supplies that are not covered by the hospital insurance. Part B will pay for certain inpatient services if the beneficiary does not have Part A. See also *Medicare, SMIB, Buy-In*.
participant	One who participates in the IHCP as either a provider or a member of services.
participating members	Individuals who receive Title XIX services during a specified period of time.
participating providers	Providers who furnish Title XIX services during a specified period of time.
participation agreement	A contract between a provider of medical service and the state that specifies the conditions and the services the facility must provide to serve IHCP members and receive reimbursement for those services.
PAS	Pre-admission screening. A nursing home and community-based services program implemented on January 1, 1987, that is designed to screen a member's potential for remaining in the community and receiving community-based services as an alternative to nursing home placement.
PAS Form 4B	Pre-Admission Screening Notice of Assessment Determination form.
PASRR	Pre-Admission Screening and Resident Review. A set of federally required long-term care resident screening and evaluation services, payable by the Medicaid program, and authorized by the Omnibus Budget and Reconciliation Act of 1987.
payouts	Generate payments to providers for monies owed to them that are not claim related. Payouts are done as the result of cost settlements or to return excess refunds to the provider.
PC	Personal computer.
PCA	Physician's Corporation of America. An HMO providing health benefits to Medicaid clients.
PCCM	Members in the Primary Care Case Management delivery system are linked to a primary medical provider (PMP) that acts as a gatekeeper by providing and arranging for most of the members' medical care. The PMP receives an administrative fee per month for every member and is reimbursed on a fee-for-service basis.
PCN	Primary care network.
PCP	Primary Care Provider.

PCP	Primary care physician. A physician the majority of whose practice is devoted to internal medicine, family/general practice, and pediatrics. An obstetrician/gynecologist may be considered a primary care physician.
PDD	Professional data dimensions.
PDR	Provider Detail Report/Provider Desk Review.
peer	A person or committee in the same profession as the provider whose claim is being reviewed.
peer review	An activity by a group or groups of practitioners or other providers, by which the practices of their peers are reviewed for conformance to generally-accepted standards.
PEN	Parenteral and enteral nutrition .
pending (claim)	Action of postponing adjudication of a claim until a later processing cycle.
per diem	Daily rate charged by institutional providers.
performing provider	Party who actually performs the service/provides treatment.
PERS	Personal emergency response system, an electronic device which enables the consumer to secure help in an emergency.
personal care	Optional Medicaid benefit that allows a state to provide attendant services to assist functionally impaired individuals in performing the activities of daily living (for example, bathing, dressing, feeding, grooming). Indiana provides Primary Home Care Services under this option. See also *Primary Home Care*.
PET	Positron Emission Tomography.
PGA	Peer group average.
PHC	Primary home care. IHCP-funded community care that provides personal care services to over 40,000 aged or disabled people in Indiana. PHC is provided as an optional state plan benefit. See also *Personal Care*.
PHCSP	Preventive health care services provider; a provider of well-child care, pre-natal care services, or care coordination services.
PHO	Physician hospital organization.
PHP	Prepaid health plan. A partially capitated managed care arrangement in which the managed care company is at risk for certain outpatient services. See also *VISTA*.
physician hospital organization	An organization whose board is composed of physicians, but with a hospital member, formed for the purpose of negotiating contracts with insurance carriers and self-insured employers for the provision of health care services to enrollees by the hospital and participating members of the hospital's medical staff.
PKU	Phenylketonuria.

Plan of Care	A formal plan developed to address the specific needs of an individual. It links clients with needed services.
PM/PM	Per member per month. Unit of measure related to each member for each month the member was enrolled in a managed care plan. The calculation is as follows: # of units/member months (MM).
PMF	Provider master file.
PMP	Primary medical provider. A physician who approves and manages the care and medical services provided to IHCP members assigned to the PMP's care.
pool (risk pool)	A defined account (for example, defined by size, geographic location, claim dollars that exceed **x** level per individual, and so forth) to which revenue and expenses are posted. A risk pool attempts to define expected claim liabilities of a given defined account as well as required funding to support the claim liability.
POS	Place of service or point of sale, depending on the context.
PPO	Preferred provider organization. An arrangement between a provider network and a health insurance carrier or a self-insured employer. Providers generally accept payments less than traditional fee-for-service payments in return for a potentially greater share of the patient market. PPO enrollees are not required to use the preferred providers, but are given strong financial incentives to do so, such as reduced coinsurance and deductibles. Providers do not accept financial risk for the management of care. See also *Exclusive Provider Organization (EPO)*.
PR	Provider relations.
practitioner	An individual provider. One who practices a health or medical service profession.
Premium	Due from member in order to be eligible for Package C.
pre-payment review	Provider claims suspended temporarily for dispositioning and manual review by the HCE SUR Unit.
prescription medication	Drug approved by the FDA that can, under federal or state law, be dispensed only pursuant to a prescription order from a duly licensed physician.
preventive care	Comprehensive care emphasizing priorities for prevention, early detection and early treatment of conditions, generally including routine physical examination, immunization, and well person care.
pricing	Determination of the IHCP allowable.
primary care	Basic or general health care traditionally provided by family practice, pediatrics, and internal medicine.
prime contractor	Contractor who contracts directly with the State for performance of the work specified.
print-out	Reports and information printed by the computer on data correlated in the computer's memory.

prior authorization	An authorization from the IHCP for the delivery of certain services. It must be obtained prior to the service for benefits to be provided within a certain time period, except in certain allowed instances. Examples of such services are abortions, goal-directed therapy, and EPSDT dental services.
Prior Authorization or Prior Review and Approval	The procedure for the office's prior review and authorization, modification, or denial of payment for covered medical services and supplies within IHCP allowable charges. It is based on medical reasonableness, necessity, and other criteria as described in the *IAC Covered Services Rule* and *Medical Policy Rule* found in the *Appendix* to this manual.
private trust	Trust fund available to pay medical expenses.
PRO	Peer review organization.
procedure	Specific, singular medical service performed for the express purpose of identification or treatment of the patient's condition.
procedure code	A specific identification of a specific service using the appropriate series of coding systems such as the CDT, CPT, HCPCS, or ICD-9-CM.
processed claim	Claim where a determination of payment, nonpayment, or pending has been made. See also *Adjudicated Claim*.
Pro-DUR	Prospective Drug Utilization Review. The federally mandated, Medicaid-specific prospective drug utilization review system and all related services and activities necessary to meet all federal Pro-DUR requirements and all DUR requirements.
profile	Total view of an individual provider's charges or a total view of services rendered to a member.
program director	Person at the contractor's local office who is responsible for overseeing the administration, management, and daily operation of the MMIS contract.
prosthetic devices	Devices that replace all or part of an internal body organ or replace all or part of the function of a permanently inoperative or malfunctioning body organ or limb.
provider	Person, group, agency, or other legal entity that is enrolled as a provider of services and provides a covered IHCP service to an IHCP member.
Provider Agreement	A contract between a provider and the OMPP setting out the terms and conditions of a provider's participation in the IHCP. It must be signed by the provider prior to any reimbursement for providing covered services to members.
provider enrollment application	Required document for all providers who provide services to IHCP members.
provider manual	Primary source document for IHCP providers.
provider networks	Organizations of health care providers that service managed care plans. Network providers are selected with the expectation they deliver care inexpensively, and enrollees are channeled to network providers to control costs.
provider number	Unique individual or group number assigned to practitioners participating in the IHCP.

provider relations	Function or activity within that handles all relationships with providers of health care services.
provider type	Classification assigned to a provider such as hospital, doctor or dentist.
PSRO	Professional standards review organization.
purged	Claims are removed from history files according to specific criteria after 36 months from the claim's last financial date. Claims data is online for up to 36 months.
QA	Quality assurance.
QARI	Quality Assurance Reform Initiative. Guidelines established by the federal government for quality assurance in Medicaid managed care plans.
QDWI	Qualified disabled working individual. A federal category of Medicaid eligibility for disabled individuals whose incomes are less than 200 percent of the federal poverty level. Medicaid benefits cover payment of the Medicare Part A premium only.
QM	Quality management.
QMB	Qualified Medicare beneficiary. A federal category of Medicaid eligibility for aged, blind, or disabled individuals entitled to Medicare Part A whose incomes are less than 100 percent of the federal poverty level and assets less than twice the SSI asset limit. Medicaid benefits include payment of Medicare premiums, coinsurance, and deductibles only.
QMHP	Qualified mental health professional.
QMRP	Qualified mental retardation professional.
quality improvement	A continuous process that identifies problems in health care delivery, tests solutions to those problems, and constantly monitors the solutions for improvement.
QUCR	Quarterly Utilization Control Reports.
query	An inquiry for specific information not supplied on standardized reports.
RA	Remittance advice. A summary of payments produced by Indiana*AIM* explaining the provider reimbursement. RAs are sent to providers along with checks or EFT records.
Rate-Setting Contractor	An entity under contract with the OMPP to perform rate-setting activities.
RBA	Room and Board Assistance.
RBMC	In a risk-based managed care delivery system, the OMPP pays contracted managed care organizations (MCOs) a capitated monthly premium for each IHCP enrollee in the MCO's network. The care of members enrolled in the MCO is managed by the MCO through its network of PMPs, specialists and other providers of care, who contract directly with the MCO.

RBRVS	Resource-based relative value scale. A reimbursement method used to calculate payment for physician, dentists, and other practitioners.
reasonable charge	Charge for health care services rendered that is consistent with efficiency, economy, and quality of the care provided, as determined by the OMPP.
reasonable cost	All costs found necessary in the efficient delivery of needed health services. Reasonable cost is the normal payment method for Medicare Part A.
recidivism	The frequency of the same patient returning to a provider with the same presenting problems. Usually refers to inpatient hospital services.
Red Book	Listing of the average wholesale drug prices.
referring provider	Provider who refers a member to another provider for treatment service.
regulation	Federal or state agency rule of general applicability designed and adopted to implement or interpret law, policy, or procedure.
reimbursement	Payment made to a provider, pursuant to Federal and State law, as compensation for providing covered services to members.
reinsurance	Insurance purchased by an HMO, insurance company, or self-funded employer from another insurance company to protect itself against all or part of the losses that may be incurred in the process of honoring the claims of its participating providers, policy holders, or employees and covered dependents. See also *Stop-Loss Insurance*.
rejected claim	Claim determined to be ineligible for payment to the provider, contains errors, such as claims for noncovered services, ineligible provider or patient, duplicate claims, or missing provider signature. Returned to the responsible provider for correction and resubmission prior to data entry into the system.
related condition	Disability other than mental retardation which manifests during the developmental period (before age 22) and results in substantial functional limitations in three of six major life activities (for example, self-care, expressive/receptive language, learning, mobility, self-direction, and capacity for independent living). These disabilities, which may include cerebral palsy, epilepsy, spina bifida, head injuries, and a host of other diagnoses, are said to be related to mental retardation in their effect upon the individual's functioning.
remittance advice (RA)	Comprehensive billing information concerning the member disposition of a provider's submitted IHCP claims.
Remittance and Status Report (R/A)	A computer report generated weekly to a provider to inform the provider about the status of finalized and pending claims. The R/A includes EOB codes that describe the reasons for claim cutbacks, and denials. The provider receives a check enclosed in the R/A when claims are paid.
rendering provider	A provider employed by a clinic or physician group that provides service as an employee. The employee is compensated by the group and therefore does not bill directly.
rep	Provider relations representative.

repayment receivables	Transaction established in the Cash Control System when a provider has received payment to which he was not entitled.
report item	Any unit of information or data appearing on an output report.
required field	Screen field that must be filled to display or update desired information.
resolution	Step taken to correct an action that caused a claim to suspend from the system.
resolutions	The area within the processing department responsible for edit and audit correction.
Retro-DUR	Retrospective Drug Utilization Review.
RFI	Request for Information.
RFP	Request for Proposals.
RHC	Rural health clinic
RID	Recipient Identification (ID) number; the unique number assigned to a member who is eligible for IHCP services.
risk contract	An agreement with an MCO to furnish services for enrollees for a determined, fixed payment. The MCO is then liable for services regardless of their extent, expense or degree. See also *MCO, Pool, Risk Pool.*
RN	Registered Nurse.
RNC	Registered Nurse Clinician.
route	Transfer of a claim to a certain area for special handling and review.
routine	A condition that can wait for a scheduled appointment.
RPT	Registered physical therapist.
RPTS	Research Project Tracking System.
RR	Resident review.
RUG	Resource Utilization Group.
rural health clinic	Any agency or organization that is a rural health clinic certified and participating under Title XVIII of the Social Security Act and has been designated by DHS as a Title XIX rural health clinic.
RVS	Relative value study. A procedure coding structure for all medical procedures, based on the most common procedure used, that assigns relative value units to medical procedures according to the degree of difficulty.
RVU	Relative value unit.
SA/DE	State Authorization/Data Entry.
SBOH	State Board of Health; previous term for the State Department of Health.
SCP	Specialty care physicians.

screening	The use of quick, simple procedures carried out among large groups of people to sort out apparently well persons from those who have a disease or abnormality and to identify those in need of more definitive examination or treatment.
SD	Standard deviation.
SDA	Standard dollar amount.
SDX	State Data Exchange System. The Social Security Administration's method of transferring SSA entitlement information to the State.
SED	Seriously emotionally disturbed.
SEH	Seriously emotionally handicapped.
selective contracting	Option under Section *1915(b)* of the Social Security Act that allows a state to develop a competitive contracting system for services such as inpatient hospital care.
SEPG	Software Engineering Process Group.
service date	Actual date on which a service(s) was rendered to a particular member by a particular provider.
service limits	Maximum number of service units to which a member is entitled, as established by the IHCP for a particular category of service. For example, the number of inpatient hospital days covered by the IHCP might be limited to no more than 30 days.
SG	Steering group.
shadow claims	Reports of individual patient encounters with a managed care organization's (MCO's) health care delivery system. Although MCOs are reimbursed on a per capita basis, these claims from MCOs contain fee-for-service equivalent detail regarding procedures, diagnoses, place of service, billed amounts, and the rendering or billing providers.
SI/IS	Severity of illness/intensity of services.
SIPOC	System map outlining suppliers, inputs, processes/functions, outputs, and customers.
SLMB	Specified low-income Medicare beneficiary. A federal category defining Medicaid eligibility for aged, blind, or disabled individuals with incomes between 100 percent and 120 percent of the federal poverty level and assets less than twice the SSI asset level. Medicaid benefits include payment of the Medicare Part B premium only.
SMI	Severely mentally ill.
SMI	Supplemental medical insurance, Part B of Medicare.
SNF	Skilled nursing facility.
SOBRA	Sixth Omnibus Budget Reconciliation Act.
SOBRA	Omnibus Budget Reconciliation Act of 1986.

SPC	Statistical process control.
special vendors	Provide support to IHCP business functions but the vendors are not currently Medicaid fiscal agents.
specialty	Specialized practice area of a provider.
specialty certification	Certification or approval by professional academy, association, or society that designates this provider has demonstrated a given level of training or competence and is a fellow or specialist.
specialty vendors	Provide support to IHCP business functions but the vendors are not currently IHCP fiscal agents.
Spend-down	Process whereby IHCP eligibility may be established if an individual's income is more than that allowed under the State's income standards and incurred medical expenses are at least equal to the difference between the income and the medically needy income standard.
SPMI	Severe and persistent mental illness.
SPR	System performance review.
SSA	Social Security Administration of the federal government.
SSCN	Social security claim number. Account number used by SSA to identify the individual on whose earnings SSA benefits are being paid. It is a social security account number followed by a suffix, sometimes as many as three characters, designating the type of beneficiary (for example, wife, widow, child, and so forth). The SSCN is the number that must be used in the Buy-In program. A beneficiary can have his own SSN but be receiving benefits under a different claim number.
SSI	Supplementary Security Income. A federal supplemental security program providing cash assistance to low-income aged, blind, and disabled persons.
SSN	Social Security Account Number. The number used by SSA throughout a wage earner's lifetime to identify his or her earnings under the Social Security Program. This account number consists of nine figures generally divided into three hyphenated sets, such as 000-00-0000. The account number is commonly known as the Social Security Number. The number is not to be confused with Social Security Claim Number.
SSP	State Supplement Program. State-funded program providing cash assistance that supplements the income of those aged, blind, and disabled individuals who are receiving SSI (or who, except for income or certain other criteria, would be eligible for SSI).
SSRI	Selective Serotonin Re-uptake Inhibitor.
Staff Model HMO	Health care model that employs physicians to provide health care to its members. All premiums and other revenues accrue to the HMO, which compensates physicians by salary and incentive programs.
standard business	Health care business within the private sector of the industry, such as Blue Cross and Blue Shield.

State	Spelled as shown, State refers to the state of Indiana and any of its departments or agencies.
State fiscal year	A 12-month period beginning July 1 and ending June 30.
State Form 11971	See *8A*.
State Form 7748	Medicaid Financial Report, used for cost reporting.
State Medicaid Office	Office of Medicaid Policy and Planning, within the Family and Social Services Administration, responsible for administering the IHCP in Indiana.
State Plan	The medical assistance plan of Indiana as approved by the Secretary of Health, Education and Welfare in accordance with provisions of Title XIX of the Social Security Act, as amended.
status	Condition of a claim at a given time; such as paid, pended, denied, and so forth.
stop-loss insurance	Insurance coverage taken out by a health plan or self-funded employer to provide protection from losses resulting from claims greater than a specific dollar amount per covered person per year (calendar year or illness-to-illness). Types of stop-loss insurance: (1) Specific or individual-reimbursement is given for claims on any covered individual which exceed a predetermined deductible, such as $25,000 or $50,000; (2) Aggregate-reimbursement is given for claims which in total exceed a predetermined level, such as 125 percent of the amount expected in an average year. See also *Reinsurance*.
subcontractor	Any person or firm undertaking a part of the work defined under the terms of a contract, by virtue of an agreement with the prime contractor. Before the subcontractor begins, the prime contractor must receive the written consent and approval of the State.
submission	The act of a provider sending billings to EDS for payment.
subsystem	A Medicaid term that refers to one of the following (I)HIS processing components: member's subsystem, provider subsystem, claims processing subsystem, reference file subsystem, surveillance and utilization review subsystem, and management and administrative reporting subsystem.
SUR	Surveillance and Utilization Review. Refers to system functions and activities mandated by the Centers for Medicare and Medicaid Services (CMS) that are necessary to maintain complete and continuous compliance with CMS regulatory requirements for SUR including the following SPR requirements:

3. Statistical analysis
4. Exception processing
5. Provider and member profiles
6. Retrospective detection of claims processing edit and audit failures and errors
7. Retrospective detection of payments and/or utilization inconsistent with State or federal program policies and/or medical necessity standards
8. Retrospective detection of fraud and abuse by providers or members
9. Sophisticated data and claim analysis including sampling and reporting
10. General access and processing features
11. General reports and output

Survey Agency	The ISDH is the designated survey agency responsible for surveying, monitoring, reviewing, and certifying institutional providers of service who request or agree to participate in the IHCP. The ISDH also certifies several other provider types. These types are discussed under the section titled; *State, County Contractor Responsibilities* included in this chapter.
suspended transaction	A suspended transaction requires further action before it becomes a paid or denied transaction, usually because of the presence of error(s).
suspense file	Computer file where various transactions are placed that cannot be processed completely, usually because of the presence of an error condition(s).
systems analyst or engineer	Responsible for performing the following activities:

12. Detailed system and program design
13. System and program development
14. Maintenance and modification analysis and resolution
15. User needs analysis
16. User training support
17. Development of personal IHCP knowledge

TANF	Temporary Assistance for Needy Families. A replacement program for Aid to Families with Dependent Children.
TBI	Traumatic brain injury.
TEFRA	Tax Equity and Fiscal Responsibility Act of 1982. The federal law which created the current risk and cost contract provisions under which health plans contract with CMS and which define the primary and secondary coverage responsibilities of the Medicare program.
TEFRA 134(a)	Provision of the Tax Equity and Fiscal Responsibility Act of 1982 that allows states to extend Medicaid coverage to certain disabled children.
therapeutic classification	Code assigned to a group of drugs that possess similar therapeutic qualities.
third party	An individual, institution, corporation, or public or private agency that is liable to pay all or part of the medical cost of injury, disease, or disability of an applicant for, or member of, medical assistance under Title XIX.
third-party resource	A resource available, other than from the department, to an eligible member for payment of medical bills. Includes, but is not limited to, health insurance, workmen's compensation, liability, and so forth.
Title I	The Old Age Assistance Program that was replaced by the Supplemental Security Income program (SSI).
Title II	Old Age, Survivors and Disability Insurance Benefits (Social Security or OASDI).
Title IV-A	AFDC, WIN Social Services.
Title IV-B	Child Welfare.
Title IV-D	Child Support.

Title IV-E	Foster Care and Adoption.
Title IV-F	Job Opportunities and Basic Skills Training.
Title V	Maternal and Child Health Services.
Title X	Aid to the Blind program (AB) replaced by the SSI.
Title XIV	Permanently and Totally Disabled program (PTD) replaced by the SSI.
Title XIX	Provisions of Title 42, United States code Annotated Section 1396-1396g, including any amendments thereto.
Title XIX Hospital	Hospital participating as a hospital under Medicare, that has in effect a utilization review plan (approved by DHS) applicable to all recipients to whom it renders services or supplies, and which has been designated by DHS as a Title XIX hospital; or a hospital not meeting all of the requirements of Subsection A.5.1.0.0.0 of the RFP but that renders services or supplies for which benefits are provided under Section 1814 (d) of Medicare or would have been provided under such section had the recipients to whom the services or supplies were rendered been eligible and enrolled under part A of Medicare, to the extent of such services and supplies only, and then only if such hospital has been approved by DHS to provide emergency hospital services and agrees that the reasonable cost of such services or supplies, as defined in Section 1901 (a) (13) of title XIX, shall be such hospital's total charge for such services and supplies.
Title XV	ISSI.
Title XVI	The SSI.
Title XVIII	The Medicare Health Insurance program covering hospitalization (Part A) and medical insurance (Part B); the provisions of Title 42, United States Code Annotated, Section 1395, including any amendments thereto.
TPL	Third Party Liability. A client's medical payment resources, other than Medicaid, available for paying medical claims. These resources generally consist of public and private insurance carriers.
TPL/Drug Rebate Services	Refers to *Service Package #3: Third-Party Liability and Drug Rebate Services*.
TPN	Total Parenteral Nutrition.
TQM	Total Quality Management.
trend	Measure of the rate at which the magnitude of a particular item of date is changing.
TRICARE	Formerly known as the Civilian Health and Medical Plan for the Uniformed Services (CHAMPUS); health-care plan for active duty family members, military retirees, and family members of military retirees.
UB-92	Standard claim form used to bill hospital inpatient and outpatient, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), and hospice services.
UCC	Usual and customary charge.

UCL	Upper control limit, pertaining to quality control charts.
UCR	Usual, customary, and reasonable charge by providers to their most frequently billed nongovernmental third party payer.
UM	Utilization management.
unit of service	Measurement divisions for a particular service, such as one hour, one-quarter hour, an assessment, a day, and so forth.
UPC	Universal product code. Codes contained on the first data bank tape update or applied to products such as drugs and other pharmaceutical products.
UPIN	Universal provider identification number.
UR	Utilization Review. A formal assessment of the medical necessity, efficiency, or appropriateness of health care services and treatment plans on a prospective, concurrent or retrospective basis.
urgent	Defined as a condition not likely to cause death or lasting harm, but for which treatment should not wait for the next day or a scheduled appointment.
user	Data processing system customer or client.
USL	Upper specification limits, pertaining to quality control charts.
USPHS	United States Public Health Service.
utilization	The extent to which the members of a covered group use a program or obtain a particular service, or category of procedures, over a given period of time. Usually expressed as the number of services used per year or per numbers of persons eligible for the services.
utilization management	Process of integrating review and case management of services in a cooperative effort with other parties, including patients, employers, providers, and payers.
VA	Veterans Administration.
VFC	Vaccines for Children program.
VIP	Validation Improvement Plan.
VRS	Voice Response System, primarily seen as AVR, automated voice response system.
WAN	Wide area network.
waiver	Waiver allows members to move from the traditional Medicaid environment to a less restrictive environment. Some of the statutory entitlements are waved for the member.
WIC	Women, Infants, and Children program. A federal program administered by the Indiana Department of Health that provides nutritional supplements to low-income pregnant or breast-feeding women, and to infants and children younger than five years old.

workmen's compensation	A type of third-party liability for medical services rendered as the result of an on-the-job accident or injury to an individual for which his employer's insurance company may be obligated under the Workman's Compensation Act.
Y2K	Year 2000. Commonly used in computer system compliance issues.

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